191- 24-215-012			LINCOLN COUNTY, NV Rec:\$90.00 Total:\$90.00 CSC				2024-166592 02/06/2024 02:57 PM Pgs=4 KC		
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT SUBMI		 -							
CSC 1-800-858-5294 B. E-MAIL CONTACT AT SUBMITTER (options	CSC 1-800-858-5294			00013688202401665920040041					
SPRFiling@cscglobal.com			OFFICIAL RECORD AMY ELMER, RECORDER						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)									
2734 41284 CSC 801 Adlai Stevenson Drive Springfield, IL 62703									
SEE BELOW FOR SECURED PA	DTV CONTACT INCODM	(Lincoln)					/		
DEBTOR'S NAME: Provide only one Debtor n		·		100			the Individual Debt		
not fit in line 1b, leave all of item 1 blank, check here		de the Individual Debtor in							
1a. ÖRGANIZATION'S NAME	,				\		1		
OR 15. INDIVIDUAL'S SURNAME LOGAN	· · · · · · · · · · · · · · · · · · ·	FIRST PERSONAL JACOB	NAME	1	ADDITIONA	ĂL NAME(S)/IN	ITIAL(S) SU	JFFIX	
1c. MAILING ADDRESS 2536 SABLE RID	GE ST	CITY	ON	7		POSTAL CODE		DUNTRY JSA	
2. DEBTOR'S NAME: Provide only one Debtor n								or's name will	
not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	and provi	de the Individual Debtor i	nformation in item	10 of the Fina	ncing Statement /	Addendum (For	m UCC1Ad) 		
			1	<					
OR 2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME		ADDITIONA	AL NAME(S)/IN	ITIAL(S) SI	JFFIX	
2c. MAILING ADDRESS	/	CITY	_	1	STATE	POSTAL CODE	E CO	DUNTRY	
3. SECURED PARTY'S NAME (or NAME of A	SSIGNEE of ASSIGNOR SEC	URED PARTY): Provide	only one Secured	Party name	e (3a or 3b)				
\ \	Dalik, IV.A.	1	\ \						
OR 3b. INDIVIDUAL'S SURNAME	/	FIRST PERSONAI	NAME		ADDITIONA	AL NAME(S)/IN	ITIAL(S) SI	JFFIX	
3c. MAILING ADDRESS Fifth Third Bank - Fountain Sq Plaza, 1MOBA5	Dividend, 38	City Cincinnati				OSTAL CODE 45263	I .	OUNTRY JSA	
4 COLLATERAL This financing statement covers t	the following collateral:								
The collateral described below is AND INTEREST IN PHOTOVOL ROOFTOP SOLAR PANELS ELI EQUIPMENT MONITORING EQ IN ADDITION THE SECURITY IN REFERENCED COLLATERAL A (REFERRED TO AMONG OTHE (PERFORMANCE-BASED INCE SUPPORT RENEWABLE ENER RESULT OF THE PHOTOVOLT/CREATE A SECURITY INTERES RECORDS.	TAIC SOLAR ENE ECTRICAL INVER UIPMENT SMART NTEREST INCLUE INY RENEWABLE IR THINGS AS SR NTIVES) AND ANI GY PRODUCTION AIC SOLAR ENER ST IN THE DEBTO	ERGY EQUIPM TERS CABLE METERS AN DES ALL WAR ENERGY OR ECS) ANY RE Y OTHER ECC I THAT BORR GY EQUIPME DRS REAL PRO	IENT (IF AI S AND WIF D ADDITIO RANTIES I CARBON INEWABLE DNOMIC B OWER MA INT. THIS S	NY) INC RES SU INS OR SSUED CERTIF E ENER ENEFIT Y RECI SECUR O BE R	CLUDING PPORT B REPLACE WITH REFICATES (GY PROD S RELAT EIVE OR I ITY AGRE	BUT NOT RACKET EMENTS ESPECT OR CREI DUCTION ED TO IN BE ENTITE EMENT D IN THE	T LIMITED S RELATE S OF THE S TO THE DITS I INCENTIVE NCENTIVE TLED TO A DOES NO	TO ED SAME. /ES S TO S A T	
5. Check <u>only</u> if applicable and check <u>only</u> one box:6a. Check <u>only</u> if applicable and check <u>only</u> one box:	Collateral is held in a Tru	st (see UCC1Ad, item 1	/ and instructions)				nt's Personal Repre check <u>only</u> one box		
Public-Finance Transaction Manu	ufactured-Home Transaction	A Debtor is a	Transmitting Utility	y	Agricultur		Non-UCC Filing		
ALTERNATIVE DESIGNATION (if applicable): OPTIONAL FILER REFERENCE DATA:	Lessee/Lessor	Consignee/Consigno	or Se	eller/Buyer	Baile	e/Bailor	Licensee/L		
S. ST HORAL FIELD NEFERENCE DATA.							273	34 41284	

UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9, NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME LOGAN FIRST PERSONAL NAME **JACOB** ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE COUNTRY STATE CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a, ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers as-extracted collateral is filed as a fixture filing covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): JACOB LOGAN, 2536 SABLE RIDGE ST, ALL THE RIGHT, TITLE, INTEREST AND CLAIM WHICH THE SAID GRANTORS HAVE IN AND TO ALL THAT REAL HENDERSON, NV, 89044 PROPERTY SITUATED IN THE COUNTY OF CLARK, STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS: PARCEL I: LOT SIXTY-ONE (61) OF FINAL MAP OF INSPIRADA POD 3-3 UNIT 1, AS SHOWN BY MAP THEREOF ON FILE IN BOOK 147 17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDU FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME LOGAN					
FIRST PERSONAL NAME JACOB ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
<u></u>	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	e or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; e mailing address in line 10c				
10a, ORGANIZATION'S NAME					
OR 10b, INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
10c. MAILING ADDRESS	CITY STATE POSTAL CODE COUNTRY				
11. ADDITIONAL SECURED PARTY'S NAME or ASSI	SIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
11c. MAILING ADDRESS	CITY STATE POSTAL CODE COUNTRY				
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	ne 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing				
15. Name and address of a RECORD OWNER of real estate described in item 18 (if Debtor does not have a record interest):	16. Description of real estate: OF PLATS, PAGE 15, IN THE OFFICE OF THE COUNTY RECORDER OF CLARK COUNTY, NEVADA.				
	PARCEL II:				
	A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS IN AND TO THE COMMON AREA AND PRIVATE STREET AS DISCLOSED BY DECLARATION OF COVENANTS AND CONDITIONS RECORDED DECEMBER 1, 2006 IN BOOK				
17 MISCELLANEOUS:					

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS	Л		\wedge					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	line 1b was left blank		\ \					
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME			:\\					
OR			\ \					
OR 9b. INDIVIDUAL'S SURNAME LOGAN			_					
FIRST PERSONAL NAME								
JACOB				\				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS	FOR FILING OFFICE I	USE ONLY				
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the management of the Debtor's name.		Title .	The state of the s	74				
10a. ORGANIZATION'S NAME	siling address in line 100							
OR 10b, INDIVIDUAL'S SURNAME	$\langle - \langle$							
		//						
INDIVIDUAL'S FIRST PERSONAL NAME								
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX				
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY				
11. ADDITIONAL SECURED PARTY'S NAME of ASSIG	NOR SECURED PARTY'S	NAME: Provide cells one name	/11a or 11b)					
11a. ORGANIZATION'S NAME	NON GEORED PARTY S	NAME. Plovide only <u>one</u> harie	(TIA OF TID)					
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX				
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY				
\\	OII 7	OIAIL						
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):								
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEME covers timber to be cut		ateral 📝 is filed as a	fixture filing				
Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): .	16. Description of real estate: 20061201 AS DOCUMENT NO. 0002785 OF OFFICIAL RECORDS. PIN: 191- 24-215-012							
17 MISCELLANEOUS								