191-22-514-062							
101-22-01-4 002			-				
	,	LINCOLN (Rec:\$90.00			166598		
UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS		Total:\$90.00 02/06/2024 03:40 PM					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		CSC		12 B 2 E 2 F 2 E 2 B 1 1 1 1 1 1 1 1 1 1			
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFilling@cscglobal.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	.	00013694	20240166	55980030033			
2734 41788	\neg \Box	OFFICIAL AMY ELM		1. 1.			
CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed	In: Nevada				\		
	(Lincoln)		The same of the sa				
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT				OR FILING OFFICE USE			
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full nat fit in line 1b, leave all of item 1 blank, check here and provide:	ame; do not omit, modify, or abb the Individual Debtor information				ral Debtor's name will		
1a. ORGANIZATION'S NAME	//		7				
OR 1b: INDIVIDUAL'S SURNAME ROMANO	FIRST PERSONAL NAME)	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
1c. MAILING ADDRESS 2455 ADIGE PL	CITY		STATE	POSTAL CODE 89044	COUNTRY		
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full na		eviate any part of th	e Debtor's nar	ne); if any part of the Individu	al Debtor's name will		
not fit in line 2b, leave all of item 2 blank, check here	the Individual Debtor information						
2a, ORGANIZATION'S NAME	/						
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
2c. MAILING ADDRESS	CITY		STATE	IPOSTAL CODE	COUNTRY		
. / /	SIII.						
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE) 3a. ORGANIZATION'S NAME FIFTH Third Bank, N.A.	RED PARTY): Provide only one	Secured Party name	e (3a or 3b)		•		
	\	\					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	1	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
3c. MAILING ADDRESS Fifth Third Bank - Dividend, 38	CITY	+	STATE	POSTAL CODE	COUNTRY		
Fountain Sq Plaza, 1MOBA5	Cincinnati		ОН	45263	USA		
4. COLLATERAL: This financing statement covers the following collateral: The collateral described below is located at the Debt AND INTEREST IN PHOTOVOLTAIC SOLAR ENER ROOFTOP SOLAR PANELS ELECTRICAL INVERT EQUIPMENT MONITORING EQUIPMENT SMART IN ADDITION THE SECURITY INTEREST INCLUDE REFERENCED COLLATERAL ANY RENEWABLE E (REFERRED TO AMONG OTHER THINGS AS SRE (PERFORMANCE-BASED INCENTIVES) AND ANY	RGY EQUIPMENT (ERS CABLES AND METERS AND ADD ES ALL WARRANT ENERGY OR CARE (CS) ANY RENEWA OTHER ECONOM	IF ANY) INC WIRES SU DITIONS OR IES ISSUED BON CERTIF ABLE ENER IC BENEFIT	CLUDING PPORT REPLA WITH F CATES GY PRO	B BUT NOT LIMITERACKETS RELICEMENTS OF THE RESPECT TO THE RESPECT TO THE RESPECT TO THE RESPECTION INCE	TED TO LATED HE SAME. IE NTIVES TVES TO		
SUPPORT RENEWABLE ENERGY PRODUCTION RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY CREATE A SECURITY INTEREST IN THE DEBTOR RECORDS.	Y EQUIPMENT. T	HIS SECUR	ITY AGF	REEMENT DOES	NOT		
			· -				
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust 6a. Check <u>only</u> if applicable and check <u>only</u> one box:	(see UCC1Ad, item 17 and Inst			red by a Decedent's Persona f applicable and check only			
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitti	ng Utility	Agricul	tural Lien Non-UC	C Filing		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Ва	ilee/Ballor Lice	ensee/Licensor		
8. OPTIONAL FILER REFERENCE DATA:					2734 41788		

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			1				
9a. ORGANIZATION'S NAME					\ \		
OR	96. INDIVIDUAL'S SURNAME ROMANO						
	FIRST PERSONAL NAME ISMAELE					/	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABO	VE SPACE	IS FOR FILING OF	FICE USE ONLY	
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or D do not omit, modify, or abbreviate any part of the Debtor's name) and enter the maili						
	10a. ORGANIZATION'S NAME	///	_	7			
OR	10b, INDIVIDUAL'S SURNAME			-			
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		\			SUFFIX	
0c	MAILING ADDRESS	CITY	$\overline{}$	STATE	POSTAL CODE	COUNTRY	
1.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN 11a. ORGANIZATION'S NAME	OR SECURED PARTY'S	NAME: Provide	only <u>one</u> nan	ne (11a or 11b)		
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL	.(S) SUFFIX	
1c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM covers timber to be co		as-extracted o	ollateral is file	ed as a fixture filing	
IS	Name and address of a RECORD OWNER of real estate described in item 16 (iff Debtor does not have a record interest): MAELE ROMANO, 2455 ADIGE PL, ENDERSON, NV, 89044	16. Description of real estate: ALL THAT REAL I HENDERSON, CO BOUNDED AND D "PROPERTY"):	DUNTY OF	CLARK,	STATE OF N	IEVADA,	
		PARCEL 1:					
		LOT 238, AS SHC	WN ON TH	IE FINAI	L MAP OF INS	SPIRADA POD	

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 **ROMANO** FIRST PERSONAL NAME **ISMAELE** ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS STATE COUNTRY CITY POSTAL CODE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 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 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 16 16. Description of real estate: (if Debtor does not have a record interest): 160 OF PLATS, PAGE 26, IN THE OFFICE OF THE COUNTY RECORDER OF CLARK COUNTY, NEVADA. PARCEL 2: AN EASEMENT FOR INGRESS AND EGRESS OVER PRIVATE STREETS AND COMMON AREAS AS SHOWN AND DELINEATED ON SAID MAP. PIN: 191-22-514-062 17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDENDUM