			=		
191-15-713-023			N COUNTY,	NV 2024-1	66601
		Rec:\$90		02/06/2024	
UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS		Total:\$9		02/06/2024	Pgs=3 KC
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		MAN		DER DE HE RT (1886)	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com		000136	972024016	666010030032	i i ilmini nii
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		OFFICE	AL RECORI	D \ \	
2734 42173 CSC	7	AMYE	MER, REC	ORDER	
801 Adlai Stevenson Drive Springfield, IL 62703 Filed	d In: Nevada (Lincoln)				l.
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	` <u></u>	THE A DOVE	COACE IS EC	OR EU INC OFFICE LISE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full n	ame; do not omit, modify, or			DR FILING OFFICE USE me); if any part of the Individua	
				nt Addendum (Form UCC1Ad)	· /
1a. ORGANIZATION'S NAME	//		/		
OR 1b. INDIVIDUAL'S SURNAME TINIO	FIRST PERSONAL NAM FRANCIS R	E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3560 PONTESELLN	CITY HENDERSON		STATE	POSTAL CODE 89044	COUNTRY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full not fit in line 2b, leave all of item 2 blank, check here	ame; do not omit, modify, or the Individual Debtor informa				I Debtor's name
2a. ORGANIZATION'S NAME	e tite ilitalviadai Debioi ililoilile	idon in item 10 or the r	mancing stateme	TIC Addendari (Form OCCTAG)	
,	The same of the sa	\			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY); Provide only	one Secured Party na	me (3a or 3b)		
3a. ORGANIZATION'S NAME Fifth Third Bank, N.A.	\	\			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
L sc. MAILING ADDRESS Fifth Third Bank - Dividend, 38 Fountain Sq Plaza, 1MOBA5	CITY Cincinnati	1	STATE	POSTAL CODE 45263	COUNTRY
L COLLATERAL: This financing statement covers the following collateral: The Collateral described below is located at the Debi	/	/	05.505	 	
The collateral described below is located at the Deb AND INTEREST IN PHOTOVOLTAIC SOLAR ENER	tors address liste	o above. ALL T /IE ∧ΝΙ∨\ ιΝ	OF THE	DERIORS RIGHT	EDTO
ROOFTOP SOLAR PANELS ELECTRICAL INVERT					
EQUIPMENT MONITORING EQUIPMENT SMART					
N ADDITION THE SECURITY INTEREST INCLUD					
REFERENCED COLLATERAL ANY RENEWABLE					_
REFERRED TO AMONG OTHER THINGS AS SRE					JTIVES
PERFORMANCE-BASED INCENTIVES) AND ANY					
SUPPORT RENEWABLE ENERGY PRODUCTION					
RESULT OF THE PHOTOVOLTAIC SOLAR ENERG					
CREATE A SECURITY INTEREST IN THE DEBTO					
	NO NEAL FROM	INTI TO BE	NECOND	LD IN THE LAND	,
RECORDS.					
	·				
	t (see UCC1Ad, item 17 and	Instructions)		ered by a Decedent's Persona	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Trans	mitting I Itility	_	if applicable and check <u>only</u> o Itural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye			nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	25/ioightes/borlaighter			<u> </u>	
					2724 42

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 9b. INDIVIDUAL'S SURNAME TINIO FIRST PERSONAL NAME					\
FRANCIS R ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE	SPACE	S FOR FILING OFFIC	E USE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor on the do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mail 10a. ORGANIZATION'S NAME 		1b or 2b of the Financi	ng Statem	ent (Form UCC1) (use exa	ict, full name;
OR 10b. INDIVIDUAL'S SURNAME	\leftarrow		-		
INDIVIDUAL'S FIRST PERSONAL NAME		-	+		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		\checkmark			SUFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	IOR SECURED PARTY'S	NAME: Provide only	y <u>one</u> nam	e (11a or 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL 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) 15. Name and address of a RECORD OWNER of real estate described in item 16 	14. This FINANCING STATEM covers timber to be cu 16. Description of real estate:		xtracted co	ollateral is filed as	a fixture filing
(If Debtor does not have a record interest): FRANCIS R TINIO, 3560 PONTESEI LN, HENDERSON, NV, 89044	ALL THAT REAL F HENDERSON, CO BOUNDED AND D "PROPERTY"):	OUNTY OF CL	ARK,	STATE OF NEV	
	PARCEL I:				
,	LOT 23, AS SHOV CENTER - PARCE				
17. MISCELLANEOUS:	•			· · · · · ·	

UCC FINANCING STATEMENT ADDENDUM

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS				\wedge	
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin	ine 1b was left blank			\ \	
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME				\ \	
				\ \	
9b. INDIVIDUAL'S SURNAME TINIO			The Real Property lies, the Re		\
FIRST PERSONAL NAME		Commence			\
FRANCIS R			The same of the sa		1
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debto		190		IS FOR FILING OFFI nent (Form UCC1) (use ex	100
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mail	iling address in line 10c		<u> </u>		
10a. ORGANIZATIOŅ'S NAME	/ /	1	\		
10b, INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	1		/		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		-			SUFFIX
DC. MAILING ADDRESS	CITY	$\overline{}$	STATE	POSTAL CODE	COUNTRY
	. /	1			
1. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY'S NA	AME: Provide only	one nam	ne (11a or 11b)	<u> </u>
11a. ORGANIZATION'S NAME	1 1		M		····
DR 44 NEWEN WAS SUPPLYED	\ \ \		1		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
IC. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					<u> </u>
2.7.BB/TIOWARD/T/OE (ON TIEM 4 (October))					
	_//				
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT covers timber to be cut	T: covers as-ex	dracted c	ollatoral Z 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:		,		
	COMMUNITY, AS SI 165 OF PLATS, PAG RECORDER OF CLA	SE 67, IN TH	HE OF	FICE OF THE	
	PARCEL II:		, • •		
	AN EASEMENT FOR STREETS AND COM DELINEATED ON SA	MMON ARE	AS A)
17. MISCELLANEOUS:					