191-14-017-03	')	. /	····		
191-14-617-052		LINCOLN COUNTY, NV 2024-166603			
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Rec:\$60.00 Total:\$60.0 CSC		02/06/2024)3:58 PM Pgs=2 KC
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294				64 BELLE (100 BELLE) (100 BELLE)	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com		00013699202401666030020029			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		OFFICIAL F	ECORD		
2734 42607 CSC	7	OFFICIAL F		RDER	
801 Adlai Stevenson Drive Springfield, IL 62703 File	ed In: Nevada (Lincoln)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	· — 1	THE ABOVE S	PACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full not fit in line 1b, leave all of item 1 blank, check here and provident of the pr	name; do not omit, modify, or le the Individual Debtor informa				Debtor's name v
1a. ORGANIZATION'S NAME			$\overline{}$	·	
OR TE. INDIVIDUAL'S SURNAME SPRANKLE	FIRST PERSONAL NAM		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3148 DEL TERRA AVE	CITY		STATE NV	POSTAL CODE	COUNTRY
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c, MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED	JRED PARTY): Provide only (one Secured Party name	(3a or 3b)	· ·-	
3a. ORGANIZATION'S NAME FIFTH Third Bank, N.A.		\			
	\	\			
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
OP	FIRST PERSONAL NAM		STATE OH	POSTAL CODE 45263	SUFFIX COUNTRY USA
OR 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS Fifth Third Bank - Dividend, 38	CITY Cincinnati otors address lister RGY EQUIPMENT TERS CABLES AI METERS AND A DES ALL WARRAN ENERGY OR CA ECS) ANY RENET Y OTHER ECONO I THAT BORROW GY EQUIPMENT	d above. ALL OF (IF ANY) INCOME WIRES SUDITIONS OR ITIES ISSUED RBON CERTIFWABLE ENER ITIES BAY RECITIES MAY RECITIES SECUR	STATE OH OF THE ICLUDING PPORT REPLACE WITH RESIDENCE FICATES GY PRO TS RELACE EIVE OR ITY AGR	POSTAL CODE 45263 DEBTORS RIGHT BRACKETS RELA CEMENTS OF THE ESPECT TO THE OR CREDITS DUCTION INCENT TED TO INCENT BE ENTITLED T EEMENT DOES	COUNTRY USA TITLE ED TO ATED IE SAME. E ITIVES VES TO O AS A NOT
OR 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS Fifth Third Bank - Dividend, 38 Fountain Sq Plaza, 1MOBA5 4. COLLATERAL: This financing statement covers the following collateral: The collateral described below is located at the Deband Interest in Photovoltaic solar energoftop solar panels electrical inver: EQUIPMENT MONITORING EQUIPMENT SMART IN ADDITION THE SECURITY INTEREST INCLUD REFERENCED COLLATERAL ANY RENEWABLE (REFERRED TO AMONG OTHER THINGS AS SR (PERFORMANCE-BASED INCENTIVES) AND AN'SUPPORT RENEWABLE ENERGY PRODUCTION RESULT OF THE PHOTOVOLTAIC SOLAR ENER CREATE A SECURITY INTEREST IN THE DEBTORECORDS.	CITY Cincinnati ctors address lister RGY EQUIPMENT TERS CABLES AL METERS AND A DES ALL WARRAN ENERGY OR CA ECS) ANY RENET Y OTHER ECONO I THAT BORROW GY EQUIPMENT ORS REAL PROPE	d above. ALL OF (IF ANY) INCOME WIRES SUDITIONS OR ITIES ISSUED RBON CERTIF WABLE ENER IMIC BENEFIT ER MAY RECITIES SECURERTY TO BE RESERVED BE RESERV	STATE OH OF THE C CLUDING PPORT REPLAC WITH R FICATES GY PRO S RELA EIVE OR ITY AGR	POSTAL CODE 45263 DEBTORS RIGHT BRACKETS RELA DEMENTS OF THE CEMENTS OF THE OR CREDITS DUCTION INCENT TED TO INCENT BE ENTITLED T DEEMENT DOES ED IN THE LAND	COUNTRY USA TITLE ED TO ATED IE SAME. E ITIVES VES TO O AS A NOT
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FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin because Individual Debtor name did not fit, check here	ne 1b was left blank	1		
9a. ORGANIZATION'S NAME			\ \	
OR 9b. INDIVIDUAL'S SURNAME SPRANKLE				
FIRST PERSONAL NAME ERIC				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	: E IS FOR FILING OFFI	CE 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		1b or 2b of the Financing State	ement (Form UCC1) (use ex	kact, full name;
10a. ORGANIZATION'S NAME	///	1		
10b. INDIVIDUAL'S SURNAME)		
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		\checkmark		SUFFIX
IOC. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	OR SECURED PARTY'S	NAME: Provide only one na	ame (11a or 11b)	
11a, ORGANIZATION'S NAME				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
i2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
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:		collateral is filed a	as a fixture filing
off Debtor does not have a record interest; ERIC SPRANKLE, 3148 DEL TERRA AVE, HENDERSON, NV, 89044	ALL THAT REAL F CLARK, STATE O FOLLOWS:			
	LOT 100 OF INSP THEREOF ON FIL OFFICE OF THE ONEVADA. PIN	E IN BOOK 148 C	F PLATS, PAGE	E 60, IN THE
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