2024-166677 LINCOLN COUNTY, NV Rec:\$90.00 03/11/2024 01:37 PM Total:\$90.00 Pas=4 AK 191-24-415-019 CSC UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** OFFICIAL RECORD A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 1-800-858-5294 CSC AMY ELMER, RECORDER B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2768 91731 csc 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Nevada (Lincoln) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 1b. leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX **BELL-BRANDZ** ZACKERY 1c. MAILING ADDRESS 2948 ARAGON TERRACE WAY CITY POSTAL CODE COUNTRY STATE USA HENDERSON NV 89044 2. DEBTOR'S NAME: Provide only gne Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 2b, leave all of item 2 blank, check here 2a, ORGANIZATION'S NAME OR FIRST PERSONAL NAME 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c MAILING ADDRESS POSTAL CODE COLINTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Fifth Third Bank, N.A. 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS Fifth Third Bank Dividend, 38 POSTAL CODE COUNTRY STATE 45263 Cincinnati OH USA Fountain Sq Plaza, 1MOBA55 4. COLLATERAL: This financing statement covers the following collateral:
The collateral described below is located at the Debtors address listed above. ALL OF THE DEBTORS RIGHT TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT (IF ANY) INCLUDING BUT NOT LIMITED TO ROOFTOP SOLAR PANELS ELECTRICAL INVERTERS CABLES AND WIRES SUPPORT BRACKETS RELATED EQUIPMENT MONITORING EQUIPMENT SMART METERS AND ADDITIONS OR REPLACEMENTS OF THE SAME. IN ADDITION THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL ANY RENEWABLE ENERGY OR CARBON CERTIFICATES OR CREDITS (REFERRED TO AMONG OTHER THINGS AS SRECS) ANY RENEWABLE ENERGY PRODUCTION INCENTIVES (PERFORMANCE-BASED INCENTIVES) AND ANY OTHER ECONOMIC BENEFITS RELATED TO INCENTIVES TO SUPPORT RENEWABLE ENERGY PRODUCTION THAT BORROWER MAY RECEIVE OR BE ENTITLED TO AS A RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY INTEREST IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN THE LAND RECORDS. 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box 6b. Check only if applicable and check only one box Non-UCC Filing Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Seller/Buyer Bailee/Bailor 7. ALTERNATIVE DESIGNATION (if applicable): Licensee/Licensor Consignee/Consignor 8. OPTIONAL FILER REFERENCE DATA:

2768 91731

AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if li	line 1b was left blank				
9a, ORGANIZATION'S NAME	\ \				
9b. INDIVIDUAL'S SURNAME					
BELL-BRANDZ					
FIRST PERSONAL NAME ZACKERY					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	·			
	THE ABOVE SPACE IS FOR FILING OFFICE USE  Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full not like address in line 100).				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mai	aning actress in line 10c	Name of Street, or other Persons, or other Perso			
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	St	UFFIX			
MAILING ADDRESS	CITY STATE POSTAL CODE CO	OUNTRY			
ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)				
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME   ADDITIONAL NAME(S)/INITIAL(S)   SI	UFFIX			
MAILING ADDRESS	CITY STATE POSTAL CODE CO	OUNTRY			
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 STATEMENT:  Covers timber to be cut Covers as-extracted collateral is filed as a fixture	e filina			
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): ACKERY BELL-BRANDZ, 2948 ARAGON	LOT 173 OF INSPIRADA POD 4-3 UNIT 2, AS SHOWN BY MA THEREOF ON FILE IN BOOK 154 OF PLATS, PAGE 17, IN TH				
ERRACE WAY, HENDERSON, NV 89044	OFFICE OF THE COUNTY RECORDER OF CLARK COUNTY NEVADA.				
	AND FURTHER EXCEPTING UNTO GRANTOR ALL MINE OWNED BY GRANTOR, AND ALL GEOTHERMAL ENERG				

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS  9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if li					
because Individual Debtor name did not fit, check here  9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME		-\			
BELL-BRANDZ FIRST PERSONAL NAME		\			
ZACKERY  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
	THE ABOVE SPACE IS FOR FILING				
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or I do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mal</li> </ol>		use exact, full name;			
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME		<del></del>			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
10c. MAILING ADDRESS	CITY STATE POSTAL CODE	COUNTRY			
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGN	NOR 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)/INIT	TIAL(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)	14. This FINANCING STATEMENT:  ☐ covers timber to be cut ☐ covers as-extracted collateral	filed as a fixture filing			
15. 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:  PARALLEL TO AND FIVE HUNDRED (500) FEET BELOW THE SURFACE OF THE PROPERTY, FOR THE PURPOSE OF PROSPECTING, EXPLORATION, DEVELOPMENT, PRODUCTION, OR EXTRACTION OF SAID SUBSTANCES BY MEANS OF MINES, WELLS, DERRICKS, AND/OR OTHER				
	EQUIPMENT; PROVIDED, HOWEVER, THAT G HAVE NO RIGHT TO ENTER THE SURFACE OF	RANTOR SHALI F THE			
	PROPERTY NOR TO USE THE PROPERTY ABOUT PLANE PARALLEL TO AND FIVE HUNDRED (500) FEE				
17. MISCELLANEOUS:					

UCC FINANCING STATEMENT ADDENDUNG FOLLOW INSTRUCTIONS		<b>-</b>			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here      9a. ORGANIZATION'S NAME	line 1b was left blank	_		\ \	
Sa, ONGANIZATION STRAINE		_		\.\	
OR 9b. INDIVIDUAL'S SURNAME				. [ ]	\
BELL-BRANDZ			The second of the second		\
FIRST PERSONAL NAME		-			\
ZACKERY			The same of the sa		/
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOV	E SPACE	IS FOR FILING OFFI	CE USE ONLY
<ol> <li>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 ma</li> </ol>					
10a. ORGANIZATION'S NAME			$\overline{}$		
R 10b. INDIVIDUAL'S SURNAME	$\overline{}$	<del></del>	<del></del>		
INDIVIDUAL'S FIRST PERSONAL NAME	1		$\overline{}$	,	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		$\overline{}$			SUFFIX
c: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SECURED PARTY'S NAME of ASSIGI	NOR SECURED PARTY	S NAME: Provide of	ngly one nom	) /110 or 11b)	
1. ADDITIONAL SECURED PARTY'S NAME or ASSIGNATION AND ASSIGNATION ASSIGNATION AND ASSIGNATION ASSI	NOR SECURED PARTY	3 NAIVIE. Provide C	only <u>one</u> nam	le (Tra of Trb)	
/ /			7		
T1b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	/	ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
c. MAILING ADDRESS	CITY	\	STATE	POSTAL CODE	COUNTRY
2. 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 STATE covers timber to be		s-extracted c	collateral  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 SURFACE OF Th		TY. PIN	: 191-24-415-0	19
7. MISCELLANEOUS:					