

191-24-812-054

LINCOLN COUNTY, NV
Rec:\$90.00
Total:\$90.00
CSC

2024-167580
11/12/2024 03:00 PM
Pgs=3 KC

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

| | |
|--|-------------------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | |
| 2962 59791 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 | Filed In: Nevada (Lincoln) |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION | |



OFFICIAL RECORD
AMY ELMER, RECORDER

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 not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--|------------------------------|-------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME CUNNINGHAM | FIRST PERSONAL NAME DAVID | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS | 2758 CRAIGMILLAR ST | CITY HENDERSON | STATE NV | POSTAL CODE 89044 |
| | | | COUNTRY USA | |

2. DEBTOR'S NAME: Provide only one 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 not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|--|---|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME Fifth Third Bank, N.A. | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS | Fifth Third Bank - Dividend, 38 Fountain Sq Plaza, 1MOBA5 | CITY Cincinnati | STATE OH | POSTAL CODE 45263 |
| | | | COUNTRY USA | |

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:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA:

2962 59791

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 | |
| | |
| OR | |
| 9b. INDIVIDUAL'S SURNAME | |
| CUNNINGHAM | |
| FIRST PERSONAL NAME | |
| DAVID | |
| 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 | | | | |
| | | | | |
| 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 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 | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

| | |
|--|--|
| <p>13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p> <p>15. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest): DAVID CUNNINGHAM, 2758 CRAIGMILLAR ST, HENDERSON, NV 89044</p> | <p>14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing</p> <p>16. Description of real estate: ALL THAT REAL PROPERTY SITUATED IN THE COUNTY OF CLARK STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS: PARCEL I: LOT FIFTY-FOUR (54) IN BLOCK ONE (1) OF FINAL MAP OF RAVENSTONE AT ANTHEM (A COMMON INTEREST COMMUNITY), AS SHOWN BY MAP THEREOF ON FILE IN BOOK 120, OF PLATS, PAGE 40, IN THE OFFICE OF THE</p> |
|--|--|

17. MISCELLANEOUS:

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 | |
| | |
| OR | 9b. INDIVIDUAL'S SURNAME |
| | CUNNINGHAM |
| | FIRST PERSONAL NAME |
| | DAVID |
| | 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 | | | | |
| | | | | |
| 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* 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 | 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 is 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:

COUNTY RECORDER OF CLARK COUNTY, NEVADA. PARCEL II:

AN EASEMENT ON AND OVER THE PRIVATE STREETS AND COMMON ELEMENTS AS SHOWN ON SAID MAP.

PIN: 191-24-812-054

17. MISCELLANEOUS: