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Skagit County Auditor, WA

FOLLOW INSTRUCTIONS A NAME & FONDED GF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 B. E-MAIL CONTACT AT FILER (optional) ucofiling return@youterstducker corn C. SEND ACKNOWLEDGMENT TO: (Name and Address) 25556 - SOLAR MOSAIC Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with: Skagit, WA 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 information in Item 10 of the Financing Statement Addendum (Form UC) To (ORGANIZATIONS NAME) OR TO REPORT STATE Glover 1. MALINA ADDRESS GTY STATE FORSTAL CODE AND REPORT STANKE: 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 information in Item 10 of the Financing Statement Addendum (Form UC) To CRIGNANZATIONS NAME OR 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 information in Item 10 of the Financing Statement Addendum (Form UC) To CRIGNANZATIONS NAME OR 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b) To GROWING SURNAME OR 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b) To GROWING SURNAME OR 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b) To GROWING SURNAME OR 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b) To GROWING SURNAME OR 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secured Party name (3a or 3b) To GROWING SURNAME OR 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of	dividual Debtor's C1Ad) SUFFIX COUNTRY USA dividual Debtor's
B. E-MAIL CONTACT AT FILER (optional) ucofflingretum@wolferskituwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 25556 - SOLAR MOSAIC Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with: Skagit, WA 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 Inane 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 UC) To ROANIZATION'S NAME Robert To MAILING ADDRESS CITY STATE POSTAL CODE MOUNT Vernon To MAILING ADDRESS CITY STATE POSTAL CODE TO STALE POSTAL CODE TO STATE POSTAL CODE TO STALE POS	Ividual Debtor's C1Ad) SUFFIX COUNTRY USA dividual Debtor's C1Ad)
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P.O. Box 29071 Glendale, CA 91203-9071 WAWA FIXTURE THE ABOVE SPACE IS FOR FILING OFFICE USE 1. DEBTOR'S NAME: Provide only gne Debtor name (fa or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), if any part of the Indianae 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 UC) 1a. ORGANIZATIONS NAME OR 1b. INDIVIDUAL'S SURNAME Glover 1c. MAILING ADDRESS CITY STATE FOSTAL CODE Mount Vernon WA 98274 2. DEBTOR'S NAME: Provide only gne Debtor name (Za 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 information in item 10 of the Financing Statement Addendum (Form UC) 2b. CRGANIZATION'S NAME: Provide only gne Debtor name (Za 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 information in item 10 of the Financing Statement Addendum (Form UC) 2b. CRGANIZATION'S NAME OR 2c. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PO	Ividual Debtor's C1Ad) SUFFIX COUNTRY USA dividual Debtor's C1Ad)
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1c. MAILING ADDRESS 17036 Blackberry Ct 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 information in item 10 of the Financing Statement Addendum (Form UCC 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS CITY STATE POSTAL CODE TREST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S)) 3c. CREANIZATION'S NAME Solar Mosaic LLC OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S)) 3c. MAILING ADDRESS CITY STATE POSTAL CODE TREST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S)) 3c. MAILING ADDRESS CITY STATE POSTAL CODE CA 94607 4. COLLATERAL: This financing statement covers the following collateral: APN: P113841 Abbreviated Legal Description: Lot 1, Nookachamp Hills Pud, Phase I, According To The Plat Thereof, Recorded In Volume 17 Of Plats, Pag Through 31, Records Of Skagit County, Washington. The collateral includes the following, whether now owned or hereafter acquired, whether now existing or hereafter arising, and wherever loc. 1. All solar panels, inverters, battery storage, hot water solar systems, racking systems, wiring, electrical and mechanical connections, mete	USA dividual Debtor's C1Ad)
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1. All solar panels, inverters, battery storage, hot water solar systems, racking systems, wiring, electrical and mechanical connections, mete	је 26
the Solar Equipment, "Purchased Goods") excluding Fixtures (as defined in Article 9 of the UCC), if any (such Purchased Goods which excl Fixtures are referred to as "Collateralized Goods");	ering, ogether with
2. All accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to any Collateralized Goods;	
3. All proceeds from warranty claims related to the Collateralized Goods, the home improvement agreement between the debtor and solar c ("Home Improvement Agreement") and, if debtor has received an operations and maintenance loan, the operations and maintenance agree between the debtor and its operations and maintenance contractor ("Operations and Maintenance Agreement");	ontractor
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 Persona	
6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box:	ment
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC F 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor License	ment Representative one box:
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor License 8. OPTIONAL FILER REFERENCE DATA: 103923188 451904 862860	ment Representative one box:

UCC FINANCING STATEMENT ADD FOLLOW INSTRUCTIONS	ENDUM					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Finance because Individual Debtor name did not fit, check here	sing Statement; if line 1b was	left blank				
9a. ORGANIZATION'S NAME						
OR CH. INDIVIDUALIS OF DAMAS						
9b. INDIVIDUAL'S SURNAME Glover						
FIRST PERSONAL NAME						
Robert						
ADDITIONAL NAME(S)INITIAL(S)		SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING OF	FICE USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one addition	nal Debtor name or Debtor na	me that did not fit in line				
do not omit, modify, or abbreviate any part of the Debtor's nan				· · · · · · · · · · · · · · · · · · ·		,
10a. ORGANIZATION'S NAME						
OR - AND INDIVIDUALIS SURNAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL 3 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 OF	ASSIGNOR SECU	JRED PARTY'S NAI	ME: Provide only	one nam	e (11a or 11b)	•
11a. ORGANIZATION'S NAME						
OR -445 INDIVIDUALIS SURNAME						
11b. INDIVIDUAL'S SURNAME	FIRST PE	ERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
TIC. MAILING ADDICESS	GITT			SIAIL	POSTAL GODE	COONTRI
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					l	
12. ADDITIONAL SPACE FOR TIEW 4 (Collateral).						
4. All rebates and incentives that are payable as a rassigned to debtor's solar contractor or operations			except for suc	h rebat	es and incentives w	hich have been
assigned to deptor's solar contractor or operations	and maintenance contra	Clor,				
5. All debtor's rights, title, interests, and remedies u						ed Goods
(including, without limitation, the Home Improvement	it Agreement and Opera	ilions and Mainten	ance Agreeme	nı), and		
6. All consideration received from the collection, sal						
received from any insurer arising from any loss, dar		,		other p	ayment received as	a result of
13. This FINANCING STATEMENT is to be filed [for record] REAL ESTATE RECORDS (if applicable)						
		covers timber to be cut	covers as-e	extracted	collateral X is filed a	as a fixture filing
 Name and address of a RECORD OWNER of real estate de (if Debtor does not have a record interest): 		cription of real estate:				
Robert Glover		3841				
17036 Blackberry Ct		3041				
Mount Vernon, WA 98274	ا ا	1 NOOKA		1110	DIID BUAS	= 1
·					PUD, PHAS	
					HEREOF, RI	
					GE 26 THR	
			SKAGIT C	OUN	TY, WASHIN	IGTON.
	Stat	e: WA				

File with: Skagit, WA

451904 862860

Solar Mosaic LLC

17. MISCELLANEOUS: 103923188-WA-57 25556 - SOLAR MOSAIC

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, ful 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) C. MAILING ADDRESS CITY STATE POSTAL CODE COUN ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFER	STATE POSTAL CODE COUNTRY Provide only one name (11a or 11b) ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY ACCOUNTRY Extent that any portion of such collateral is or becomes pribed above secures a purchase money obligation in a interest.	THI	9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Glover
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