20230724000221370 07/24/2023 03:31:11 PM UCC1 1/2

UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-	331-3282 Fax: 818-662-4141			
B. E-MAIL CONTACT AT FILER (optional)				
uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address	5) 52892 - Dividend Solar -			
Lien Solutions P.O. Box 29071	94171700			
Glendale, CA 91209-9071	ALAL FIXTURE i			
File with: Shelby, AL		THE ABOVE SPACE IS	S FOR FILING OFFICE U	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or	1b) (use exact, full name; do not omit, m	odify, or abbre∨iate any part of the De	btor'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 45 INDENTIFICATION OF TRAINING	_			SUFFIX
DAVIS  1b. INDIVIDUAL'S SURNAME  DAVIS	FIRST PERSONAL N WILLIAM	NAME	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
624 HIGHWAY 277	Helena	AL	35080	USA
2. <b>DEBTOR'S NAME</b> : Provide only <u>one</u> Debtor name (2a or	2b) (use exact, full name; do not omit, m	odify, or abbre∨iate any part of the De	ebtor's name); if any part of the	Indi∨idual 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 OF INDUMENTAL IS SUIDMANAE	•			SUFFIX
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	NAME	ADDITIONAL NAME(S)/INITIAL(S)	
20 MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
2c. MAILING ADDRESS	CITY	SIA	IE POSTAL CODE	COUNTRY
O OFOLIDED DADENIO LANGE CARRIED				
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME	FASSIGNOR SECURED PARTY): Provid	de only <u>one</u> Secured Party name (3a	or 3b)	
Dividend Solar Finance LLC				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
3661 Buchanan Street	San Francisco	c/	94123	USA
4. COLLATERAL: This financing statement covers the following		<i>O</i> ,	01120	00,1
ALL OF THE DEBTORS RIGHT TITLE AND INTER GOODS) LOCATED AT OR INSTALLED ON 624 F	REST IN HOME IMPROVEMENT HIGHWAY 277 Helena AL 35080	FINANCED BY AND SUBJE	CT TO DIVIDENÒ SOLA	AR FINANCE
LLCs PURCHASE MONEY SECURITY INTEREST PROCEEDS ISSUED WITH RESPECT TO THE RI				
COLLATERAL THAT DEBTOR MAY RECEIVE OR				<b>_</b>

Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$110,037.00 Mortgage tax due (\$.15 per \$100.00 or fraction thereof) \$165.15

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:
Dublic-Finance Transaction Manufactured-Home Transaction DA Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
94171700 L22-AL-0216956	

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## **UCC FINANCING STATEMENT ADDENDUM**

FOL	$I \cap VV$	INSTR	$\square \cap \top \sqcap$	$\bigcirc$ NC

FOLLOW INSTRUCTIONS				
<ol> <li>NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here ☐☐</li> </ol>	; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
DAVIS FIRST PERSONAL NAME				
WILLIAM				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
				LING OFFICE USE ONLY
O. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nando not omit, modify, or abbreviate any part of the Debtor's name) and enter the content of the Debtor's name.		line 1b or 2b of the Financ	cing Statement (For	m UCC1) (use exact, full name;
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
100. II 1010 07 12 0 00 1 11 17 11 12				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	ST	ATE POSTAL COI	DE COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF ASSI	GNOR SECURED PARTY'S N	IAME: Provide only one	namo (11a or 11b	~\
11a. ORGANIZATION'S NAME	GNOR GLOCKED I ARTI O N	MAIVIE. FIGVIDE OFF	z name (Tra or Tru	<u>')</u>
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ΙΔΓ	DITIONAL NAME(S)/I	INITIAL(S) SUFFIX
11c. MAILING ADDRESS	CITY	ST	ATE POSTAL CO	DE COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
Filed and Recorded Official Public Records Judge of Probate, Shelby County Alabama, County				
Clerk Shelby County, AL 07/24/2023 03:31:11 PM				
\$204.15 PAYGE 20230724000221370	2			
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) i	in the 14. This FINANCING STATE	EMENT:		
REAL ESTATE RECORDS (if applicable)	covers timber to be	cut covers as-extra	acted collateral	is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):	n 16	e:		
	LOT 307, ACC	ORDING TO	THE SUR	VEY OF
	CREEKWATE			
	BOOK 50, PAG	3E 30, IN THI	E PROBAT	TE OFFICE OF
	SHELBY COU	•		
	Property Addre	ess: 624 HIGH	HVVAY 277	HELENA AL
	35080 Shelby	07 0 000 04	2 024	
	Parcel ID: 12-8	0-21-U-UUU-U1	3-U3 T	
7. MISCELLANEOUS: 94171700-AL-117 52892 - Dividend Solar - Pro	Dividend Solar Finance LLC	File with: Shelby, AL L	_22-AL-0216956	