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	FINANCING STATEMENT WINSTRUCTIONS						
Onlin	ME & PHONE OF CONTACT AT FILER (optional) to Dept 888-507-4593 MAIL CONTACT AT FILER (optional)	aı	NA PIMENTEL				
FI	ND ACKNOWLEDGMENT TO: (Name and Address) RST CORPORATE SOLUTIONS INC. 4 S STREET	STA	RECORDER TE OF INDIANA AKE COUNTY D FOR RECORD	202 10:19 A	1-013 M 202	009 1 Feb 8	14
luc		e Count <u>y, I</u> N			R FILING OFF		
1. DEE	BTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full will not fit in line 1b, leave all of item 1 blank, check here and provide	Il name; do not omit, e the Individual Debt	modify, or abbreviate any por information in item 10 of	art of the Debtor	's name); if any patement Addendu	art of the Inc	fividual Debtor's C1Ad)
	ORGANIZATION'S NAME						
OR 1b.	INDIVIDUAL'S SURNAME	FIRST PERSONA	N NAME	ADDITIO	NAL NAME(S)/IN	ITIAL(S)	SUFFIX
1	ARDOSO	LETICIA	a ivani	Abbillo	TOTAL TOTAL (O)	inne(o)	SOLLIN
	LING ADDRESS	CITY		STATE	POSTAL CODE	15.	COUNTRY
	Lane Street	Merrillville		IN	46410		USA
DEE nam	BTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full by will not fit in line 2b, leave all of item 2 blank, check here and provide	Il name; do not omit, ethe Individual Debt	modify, or abbreviate any p	art of the Debtor	's name); if any patement Addenda	art of the Ind	ividual Debtor's C1Ad)
	ORGANIZATION'S NAME		or medical artical 10 or	and I marroing Or	Action Pagence	(1 0 00	
OR 2b.	INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/IN	ITIAL(S)	SUFFIX
2c. MAI	LING ADDRESS	CITY).	STATE	POSTAL CODE		COUNTRY
2 PE/	NIDED DADTYS NAME						
3. SEC	CURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC ORGANIZATION'S NAME	URED PARTY): Pro	vide only one Secured Party	y name (3a or 3b)		Maria Caraca
OR Te	chnology Credit Union		10.				
3b.	INDIVIDUAL'S SURNAME	FIRST PERSONA	IL NAME	ADDITIO	NAL NAME(S)/IN	ITIAL(S)	SUFFIX
3c. MAI	LING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
2010 1	V First St. Ste 206	San Jose		CA	95131		USA
4. COL	LATERAL: This financing statement covers the following collateral:		, SI		The second	, J 1	
ALI	OF THE DEBTOR'S RIGHT, TITLE ANI	D INTERES	T IN PHOTOV	OLTAIC	SOLAR	ENERG	Ϋ́
OU	IPMENT (IF ANY), INCLUDING BUT NO	OT LIMITE	D TO ROOFTO	P SOLA	R PANEL	S. ELE	CTRICAL
-	ERTERS, CABLES AND WIRES, SUPPOR						
	IPMENT, SMART METERS AND ADDIT			-	1		
-	SECURITY INTEREST INCLUDES ALL			7 10 2 2 10	-		DDITTOIN,
	ERENCED COLLATERAL, ANY RENEW)
	DITS (REFERRED TO, AMONG OTHER						
	DUCTION INCENTIVES ("PERFORMAN		,,,				
	EFITS RELATED TO INCENTIVES TO S						
5. Chec	k only if applicable and check only one box: Collateral is held in a Trust	(see UCC1Ad item	17 and Instructions)	haing administer	red by a Deceder	CAT Personal	Representative
	ck only if applicable and check only one box: Collaboraria is need in a Trust	(coo ooo mu, kem			applicable and of		
	Public-Finance Transaction Manufactured-Home Transaction		Transmitting Utility		ural Lien	Non-UCC F	
	RNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	or Seller/Buyer	Bai	lee/Bailor	License	ee/Licensor

International Association of Commercial Administrators (IACA)

[UCC1-562382] 53-CARDOSO

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t	IAME OF FIRST DEBTOR: Same as line 1s or 1b on Financing Statem ecause Individual Debtor name did not fit, check here	nent; if line 1b was left blank				
	9a. ORGANIZATION'S NAME					
OR	9b. INDIVIDUAL'S SÜRNAMÉ					
	CARDOSO FIRST PERSONAL NAME	1	_			
	LETICIA ADDITIONAL NAME(S)(INITIAL(S)	SUFFIX	_			
40	DERTOR'S NAME, R. A.				S FOR FILING OFFICE	
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter			rinancing a	tatement (Form UCC1) (use	exact, full name;
	10a. ORGANIZATION'S NAME					
OR	106. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)	7				SUFFIX
10c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME OF ASS	SIGNOR SECURED PAR	RTY'S NAME: Provide	only <u>one</u> ne	ime (11a or 11b)	
		().				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	AÉ &	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			É			
	11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAI	T.		NAL NAME(S)/INITIAL(S)	SUFFIX
			DX DA			
11c.	MAILING ADDRESS	CITY	7 <u>%</u>	STATE HE PH	OTOVOLTAIC	COUNTRY
11c.	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collatoral): RROWER MAY RECEIVE OR BE ENTI'	CITY	7 <u>%</u>	STATE HE PH	POSTAL CODE	COUNTRY
11c. 12 BC EN	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collatoral): RROWER MAY RECEIVE OR BE ENT! ERGY EQUIPMENT." X) This Firmanching statement is to be filed (for record) (or recorded)! REAL ESTATE RECORDS (of applicables)	TLED TO AS A F	ESULT OF T	STATE HE PH	OTOVOLTAIC	SOLAR
11c. 12 BC EN	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collatoral): RROWER MAY RECEIVE OR BE ENT! ERGY EQUIPMENT."	TLED TO AS A F	LESULT OF T	HE PH	POSTAL CODE OTOVOLTAIC OTOVOLTAIC	COUNTRY SOLAR
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11c. 12 BC EN	MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collatoral): RROWER MAY RECEIVE OR BE ENT! ERGY EQUIPMENT." This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS of depictable) Lama and address of a RECORD OWNER of real estate described in Ren 1 Todate described in Ren 1	IN DESCRIPTION AS A FOR THE PROPERTY MERRILLVI AS 7610 LAN 45-12-18-377 For title refere	TATEMENT: to be cat covers en statistic: LOCATED IN LUE STATE C VE ST, MERR! -021.000-030.	HE PH extracted c COUNTY OF IN; ILLVII	OTOVOLTAIC OTOVOL	SOLAR fixture filing CITY OF KNOWN 1221; APN

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NAME OF FIRST DEBTOR: Same as line 1a or 1b on Finar because individual Debtor name did not fit, check here	cing Statement; if line 1b was left b	lank			
9a. ORGANIZATION'S NAME					
OR Sb. INDIVIDUAL'S SURNAME CARDOSO					
FIRST PERSONAL NAME					
LETICIA ADDITIONAL NAME(S)INITIAL(S)	su	FFIX			
10 DERTOR'S NAME, Provide (1/2 and 1/2)	18-11	THE ABO	VE SPACE IS	FOR FILING OFFIC	E USE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one additions do not omit, modify, or abbreviate any part of the Debtor's name 10a, ORGANIZATION'S NAME 	a) and enter the mailing address in	i did not fit in line 16 or 26 of t ine 10c	he Financing Sta	element (Form UCC1) (s	use exact, full name;
OR 10b. INDIVIDUAL'S SURNAME	C				
INDIVIDUAL'S FIRST PERSONAL NAME	/				
INDIVIDUAL'S ADDITIONAL NAME(S)(INITIAL(S)	,				SUFFIX
10c. MAILING ADDRESS	OITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECURED	PARTY'S NAME: Provi	do only one nom	ne (11e or 11h)	
11a. ORGANIZATION'S NAME).	50 011) <u>2112</u> 1611	(110 01 110)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSON	ALNAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	спу	1//	STATE F	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			\downarrow		
		<i>^</i>	000	90	
13. This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	Covers t		as-extracted coll		a fixture filing
15. Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):	ed in Item 16 16. Description of	f real estate:			a made many
	Town of I	Merrillville, Plat I	300k 48, l	Pg. 62.	

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