

Total Fees: 25.00

FILED FOR RECORD GINA PIMENTEL RECORDER

UCC FINANCING STATEMENT A. NAME & PHONE OF CONTACT AT FILER (optional)

FOLLOW INSTRUCTIONS

2010 N First St. Ste 206

Online Dept 888-507-4593							
B. E-MAIL CONTACT AT FILER (optional)							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
FIRST CORPORATE SOLUTIONS INC. 914 S STREET							
SACRAMENTO CA 95811							
UCC1-564697	Lake County, IN	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY		
1. DEBTOR'S NAME: Provide only the Debtor name (1s or 1b) (use exact, full name; do not omit, madify, or abbrevate 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 som 1 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ap)							
1a. ORGANIZATION'S NAME							
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
CUMMINGS	BRIAN		L				
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
8036 Jefferson Avenue	Munster		IN	46321	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 In	dividual Debtor's		
name will not fit in line 2b, leave all of item 2 blank, check here	nd provide the Individual Debt	or information in item 10 of the Fir	nancing St	atement Addendum (Form U	CC1Ad)		
2a. ORGANIZATION'S NAME	4						
OR 26 INDIVIDUAL SE SURNAME	Front proposi	I NAME	ADDITIO	NAL NAME (C) (BUTTAL (C)	CUEEN		

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	4/)				
OB	Technology Credit Union						
OK	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
		4					
3c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	

San Jose

"ALL OF THE DEBTOR'S 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

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:
Public-Finance Transaction Manufactured-Home Transaction A Dobtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consigner/Consignor Seller/Buye	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
[UCC1-564697] 53-CUMMINGS	

95131

USA

NO THANK @FFICIAL DOCUMENT

	CC FINANCING STATEMENT ADDENDUM						
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	line 1b was let	ft blank				
	because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME						
OR	9b. INDIVIDUAL'S SURNAME						
	CUMMINGS						
	FIRST PERSONAL NAME BRIAN						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
_	L CONTRACTOR OF THE CONTRACTOR					S FOR FILING OFFICE	
10.	DEBTOR'S NAME: Provide (10s or 10s) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m			line 1b or 2b of the	Financing S	tatement (Form UCC1) (use	e exact, full name;
	10a, ORGANIZATION'S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
	9/						
10c	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11.		OR SECUE	RED PARTY	S NAME: Provide	only <u>one</u> na	me (11a or 11b)	
	11a. ORGANIZATION'S NAME		·O.				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
110	MAILING ADDRESS	CITY	~//)	STATE	POSTAL CODE	COUNTRY
110	MAILING ADDICESS	Citt		4	OIAIL	POGTAL GODE	COOKING
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
	DRROWER MAY RECEIVE OR BE ENTITLE TERGY EQUIPMENT."	ED TO A	AS A RES	ULT OF T	HE PH	OTOVOLTAIC	SOLAR
						0/	
13.	This FINANCING STATEMENT is to be flied [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	_	ANCING STATES	_	-extracted of	collateral X 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:					
		PROPE	RTY LO	CATED IN	COUN	NTY OF LAKE	CITY OF
		1				MONLY KNOV	VN AS 803
		JEFFEI	RSON AV	E, MUNST	TER, II	N 46321-1224	
		APN: 4	5-06-13-4	181-027.000)-027		
						0/30/2003 with t	he Lake
County R						003 104079.	
		LEGAL	DESCR	IPTION: Se	e Exhi	bit A.	
17.	MISCELLANEOUS:						

NO TONIANA, 22 FIFT CIAL DOCUMENT

EXHIBIT A

LOT 40 IN WINNER PARKWAY ADDITION TO MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32, PAGE 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property of lake County Recorder