SEE BELOW FOR SECURED PARTY CONTACT INFORMAT		County Reclowa E-Filing Combined Revenue Tablaware Conneen Scorner Sco	cording I ng Fee: \$ Fee: \$85 ax: \$0.00 County, I hindler F PG: 1288	.00 owa RECORDER	: USE ONLY	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full na not fit in line 1b, leave all of item 1 blank, check here and provide 1	ame; do not omit, modify, or abb the Individual Debtor information					ne will
1a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S SURNAME PARSONS	FIRST PERSONAL NAME NORMAN		ADDITIO W	NAL NAME(S)/INITIA	L(S) SUFFIX	
1c. MAILING ADDRESS 413 BROADWAY STREET	CITY HOPKINTON		STATE	POSTAL CODE 52237	COUNTR	₹Y
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full na not fit in line 2b, leave all of item 2 blank, check here						ne will
2a. ORGANIZATION'S NAME	the Individual Debtor information	in item 10 of the Fina	ncing statemer	t Addendum (Form OC	CTAU)	
OR						
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAI	L(S) SUFFIX	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR	₹Y
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	LED 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		ADDITIO	NAL NAME(S)/INITIA	L(S) SUFFIX	
3c. MAILING ADDRESS Fifth Third Bank Dividend, 38 Fountain Sq Plaza, 1MOBA5	сіту Cincinnati		OH	45263	USA	
4. COLLATERAL: This financing statement covers the following collateral: The collateral described below is located at the Debte AND INTEREST IN PHOTOVOLTAIC SOLAR ENER ROOFTOP SOLAR PANELS ELECTRICAL INVERT EQUIPMENT MONITORING EQUIPMENT SMART IN ADDITION THE SECURITY INTEREST INCLUDE REFERENCED COLLATERAL ANY RENEWABLE E (REFERRED TO AMONG OTHER THINGS AS SRE (PERFORMANCE-BASED INCENTIVES) AND ANY SUPPORT RENEWABLE ENERGY PRODUCTION RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY CREATE A SECURITY INTEREST IN THE DEBTOR RECORDS.	RGY EQUIPMENT (ERS CABLES AND METERS AND ADD ES ALL WARRANT ENERGY OR CARE (CS) ANY RENEW, OTHER ECONOM THAT BORROWER EY EQUIPMENT. T	(IF ANY) INC D WIRES SU DITIONS OR IES ISSUED BON CERTIF ABLE ENER IIC BENEFIT R MAY RECI HIS SECUR	CLUDING PPORT REPLA WITH F FICATES GY PRO S RELA EIVE OR ITY AGF	BUT NOT L BRACKETS CEMENTS O RESPECT TO OR CREDIT DUCTION IN TED TO INCI BE ENTITLE REEMENT DO	IMITED TO RELATED F THE SAMI THE S ICENTIVES ENTIVES TO ED TO AS A DES NOT	0
	(see UCC1Ad, item 17 and Inst		_	ed by a Decedent's P	•	tive
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitt		_	applicable and check	only one box:	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	 _	ilee/Bailor	Licensee/Licensor	r
8. OPTIONAL FILER REFERENCE DATA:				_	2845 67	724

9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME PARSONS						
FIRST PERSONAL NAME NORMAN						
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10a. ORGANIZATION'S NAME	<u> </u>					
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
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9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME PARSONS				
FIRST PERSONAL NAME NORMAN				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of	or Debtor name that did not fit in line 1b or 2b		IS FOR FILING OFFIC nent (Form UCC1) (use ex	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the name of the Debtor's name name of the Deb	nailing address in line 10c			
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
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11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S	SUFFIX
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- CEECH INCHASCIONS		•			
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if li because Individual Debtor name did not fit, check here	ine 1b was left blank				
9a. ORGANIZATION'S NAME					
OR OLIVONIOUS OF DISSAFE					
9D. INDIVIDUALS SURNAME					
PARSONS FIRST PERSONAL NAME					
NORMAN					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and enter the main depth of the Debtor's name and enter the main depth of the Debtor's name.		1b or 2b of the Financi	ng Staten	nent (Form UCC1) (use exact,	full name;
10a. ORGANIZATION'S NAME					
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INDIVIDUAL'S FIRST PERSONAL NAME					
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10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN		NAME: Provide onl	v one nan	ne (11a or 11b)	
11a. ORGANIZATION'S NAME			, ====	(,	
OR					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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9a. ORGANIZATION'S NAME						
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FIRST PERSONAL NAME NORMAN						
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9a. ORGANIZATION'S NAME				
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9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	if line 1b was left b	olank				
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OR 9b. INDIVIDUAL'S SURNAME PARSONS FIRST PERSONAL NAME						
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OR 10b. INDIVIDUAL'S SURNAME						
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11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNATION ASS	SNOR SECUP	RED PARTY'	S NAME: Provide o	nly <u>one</u> nan	ne (11a or 11b)	
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15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	(NOW PEXCEP EXCEP THAT FPACKS	T THE NO T THE SO PART OF J ON STRE OF WAY).	RTHEASTE UTHWESTE ACKSON ST ET, SOUTHV	RLY 50 RLY 2′ REET, VESTE	T) CITY OF HOP FEET THEREOF 12 FEET THEREOF NOW KNOWN A RLY OF THE RA	F, AND OF. (ALL AS JILROAD
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9a. ORGANIZATION'S NAME				
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11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
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MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	STATE	POSTAL CODE	COUNTRY
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9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME PARSONS				
FIRST PERSONAL NAME				
NORMAN ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
W		THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and en		2b of the Financing Staten	ent (Form UCC1) (use ex	kact, full name;
10a. ORGANIZATION'S NAME	tor the maining address in the 100			
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME or	 ASSIGNOR SECURED PARTY'S NAM	45. 2	(44 441)	
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY S NAM	vIE∶ Provide only <u>one</u> naπ	ie (11a or 11b)	
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11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
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9a. ORGANIZATION'S NAME					
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FIRST PERSONAL NAME NORMAN					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
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DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the results of the Debtor's name and enter the results of the Debtor's name.		1b or 2b of the Financin	g Statem	ent (Form UCC1) (use exact	, full name;
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
e: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSIG	I GNOR SECURED PARTY'S	NAME: Provide only	one nam	<u>I</u> e (11a or 11b)	
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	/	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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INDIVIDUAL'S FIRST PERSONAL NAME						
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ADDITIONAL SECURED PARTY'S NAME	or ASSIGNORS	ECURED PARTY'S N	AME: Provide only	one nam	e (11a or 11b)	
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