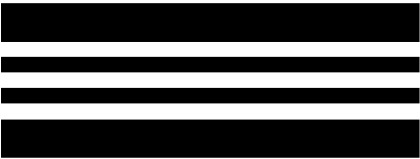


Recorded: 8/18/2025 at 3:58:48.0 PM  
County Recording Fee: \$12.00  
Iowa E-Filing Fee: \$3.00  
Combined Fee: \$15.00  
Revenue Tax: \$0.00  
Delaware County, Iowa  
Daneen Schindler RECORDER  
BK: 2025 PG: 2210



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Customerservice@lumifiservicing.com 8444584412	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  Lumifi PO BOX 3070 CLACKAMAS OREGON 97015  844-458-4412	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names					
1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME Dugan		FIRST NAME Sarah	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 101 Golfview Dr			CITY Edgewood	STATE IA	POSTAL CODE 52042
1d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
					<input type="checkbox"/> NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names					
2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME Dugan		FIRST NAME Matthew	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 101 Golfview Dr			CITY Edgewood	STATE IA	POSTAL CODE 52042
2d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
					<input type="checkbox"/> NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)					
3a. ORGANIZATION'S NAME LumiFi					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS PO BOX 3070			CITY CLACKAMAS	STATE OR	POSTAL CODE 97015

4. This FINANCING STATEMENT covers the following collateral:

All solar energy generating equipment (the 'Solar Equipment') leased by Secured Party to Debtor at 101 Golfview Dr Edgewood IA 52042, which premises is further described in legal description, including without limitation all modules, inverters, racking, monitoring systems, DAS, combiner boxes, switches, weather stations, meters, wires, connections, spare parts, hardware and tooling and all general intangibles, contracts

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

### 9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

Dugan

FIRST NAME

Sarah

MIDDLE NAME, SUFFIX

### 10. MISCELLANEOUS:

Delaware County

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

### 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11a. ORGANIZATIONAL ID #, if any

☐ NONE

### 12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

Legal Description Details Lot Number: 18 City,  
Municipality, Township: EDGEWOOD Subdivision Name:  
WOODS EDGE Brief Description: WOODS EDGE ADD  
LT 18 Recorder's Map Ref: PM 572000401800

APN: 572000401800

15. Name and address of a RECORD OWNER of above-described real estate  
(if Debtor does not have a record interest):

Sarah & Matthew Dugan  
101 Golfview Dr  
Edgewood IA 52042

16. Additional collateral description:

SOLAR SYSTEM:

27 Philadelphia Solar PS-MNB108(HCBF)-440W 1 SolarEdge  
Technologies SE11400H-US [240V] SV4422-0740E472B-F4

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years