

Recorded: 3/6/2026 at 12:38:47.0 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: 2026 PG: 549

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|   |  |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>LumFi 8444584412  |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                       |  |
| Requested By:<br>Lumifi<br>PO BOX 3070<br>CLACKAMAS OREGON<br>97015 |  |
| 844-458-4412  |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|                            |                                   |                          |                                  |                                 |
|----------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|
| 1a. ORGANIZATION'S NAME    |                                   |                          |                                  |                                 |
| OR                         |                                   |                          |                                  |                                 |
| 1b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME              | SUFFIX                           |                                 |
| Trenary                    | Herbert                           |                          |                                  |                                 |
| 1c. MAILING ADDRESS        | CITY                              | STATE                    | POSTAL CODE                      | COUNTRY                         |
| 107 Franklin St            | Ryan                              | IA                       | 52330                            | US                              |
| 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 one debtor name (2a or 2b) - do not abbreviate or combine names

|                            |                                   |                          |                                  |                                 |
|----------------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|
| 2a. ORGANIZATION'S NAME    |                                   |                          |                                  |                                 |
| OR                         |                                   |                          |                                  |                                 |
| 2b. INDIVIDUAL'S LAST NAME | FIRST NAME                        | MIDDLE NAME              | SUFFIX                           |                                 |
|                            |                                   |                          |                                  |                                 |
| 2c. MAILING ADDRESS        | CITY                              | STATE                    | POSTAL CODE                      | COUNTRY                         |
|                            |                                   |                          |                                  |                                 |
| 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 one secured party name (3a or 3b)

|                                   |            |             |             |         |
|-----------------------------------|------------|-------------|-------------|---------|
| 3a. ORGANIZATION'S NAME<br>LumiFi |            |             |             |         |
| OR                                |            |             |             |         |
| 3b. INDIVIDUAL'S LAST NAME        | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
|                                   |            |             |             |         |
| 3c. MAILING ADDRESS               | CITY       | STATE       | POSTAL CODE | COUNTRY |
| PO BOX 3070                       | CLACKAMAS  | OR          | 97015       | US      |

4. This FINANCING STATEMENT covers the following collateral:

All solar energy generating equipment (the 'Solar Equipment') leased by Secured Party to Debtor at 107 Franklin St Ryan, IA 52330, 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, warranty rights, manuals, books, records and other rights related to the Solar Equipment and all proceeds, products, and replacements thereof.

This Financing Statement is presented to a filing officer for filing pursuant to the Uniform Commercial Code as in effect from time to time in this State (the "Code"). Although the Secured Party is the owner of the assets described above, and such assets have been deemed not to be fixtures, the assets are located at a premises owned or leased by the Debtor and this Financing Statement is being recorded as a precaution pursuant to the Code in the event that any of the assets are deemed to be property of the Debtor

|   |  |                     |                          |              |          |                |
|---|--|---------------------|--------------------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]  | LESSEE/LESSOR  | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR            | SELLER/BUYER | AG. LIEN | NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable] | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [OPTIONAL FEE] |                     | <input type="checkbox"/> | All Debtors  | Debtor 1 | Debtor 2       |
| 8. OPTIONAL FILER REFERENCE DATA  |  |                     |                          |              |          |                |

5614409\_Trenary

# 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<br>Trenary | FIRST NAME<br>Herbert | 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 anv  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 Block: 2 City, Municipality, Township: RYAN Subdivision Name: ORIGINAL TOWN - RYAN Brief Description: RYAN N 1/2 4 & 5 BLK 2 Recorder's Map Ref: PM 690000101200

APN: 690000101200

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

Herbert Trenary  
107 Franklin St  
Ryan, IA 52330

16. Additional collateral description:

SOLAR SYSTEM:

20 Philadelphia Solar PS-MNB108(HCBF)-440W 1 SolarEdge Technologies SE7600H-US [240V] SB4825-07515DD01-68

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