

Recorded: 5/22/2026 at 1:59:10.0 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: 1358

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Lumifi 844-458-4412 |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 10px; margin: 5px 0;"> Requested By: Lumifi PO BOX 3070 CLACKAMAS OREGON 97015 844-458-4412 </div> |

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 Bottelman | | FIRST NAME Kay | MIDDLE NAME | SUFFIX |
| 1c. MAILING ADDRESS 417 Union St | | CITY Ryan | STATE IA | POSTAL CODE 52330 | COUNTRY 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 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 | COUNTRY US |

4. This FINANCING STATEMENT covers the following collateral:

All solar energy generating equipment (the 'Solar Equipment') leased by Secured Party to Debtor at 417 Union St Ryan Iowa 52330, 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, this Financing Statement is being recorded as a precaution pursuant to the Code in the event that any of the assets described above 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) [ADDITIONAL FEE] [optional] | | <input type="checkbox"/> All Debtors | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | | |

5614857_Bottelman

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 Bottelman | FIRST NAME Kay | 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 Lot Number: 1-2,5-8 Block: 21
City, Municipality, Township: RYAN Subdivision Name:
PARK 1ST ADD Brief Description: LOT 1 & 2 PARK
FIRST ADDITION PT LOTS 5-8 BLK 21 RYAN
Recorder's Map Ref: PM 690000205700 Address: 417
Union St Ryan Iowa 52330 in the Town of Ryan, County
of Delaware

APN: 690000205700

16. Additional collateral description:
SOLAR SYSTEM:
18 Philadelphia Solar/1 SolarEdge Technologies Inverter/ custom battery
Roof Mount install

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

Kay Bottelman
417 Union St
Ryan Iowa 52330

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