

Recorded: 5/22/2026 at 3:43:48.0 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: 2026 PG: 1362

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 Miller	FIRST NAME Molly	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 522 Union St		CITY Ryan	STATE IA	POSTAL CODE 52330
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
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

4. This FINANCING STATEMENT covers the following collateral:

All solar energy generating equipment (the 'Solar Equipment') leased by Secured Party to Debtor at 522 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		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 5614819_Miller						

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 Miller	FIRST NAME Molly	MIDDLE NAME, SUFFIX
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10. MISCELLANEOUS:
Delaware
County

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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
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11c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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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
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12c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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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: 2 City, Municipality, Township: RYAN Subdivision Name: KEEGANS SUBD Brief Description: KEEGAN'S SUB-DIV TO RYAN LOT 2 Recorder's Map Ref: PM 690000207600 Address: 522 Union St Ryan Iowa 52330 in the Town of Ryan, County of Delaware

APN: 690000207600

16. Additional collateral description:

SOLAR SYSTEM:
20 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):

Molly Miller
522 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