

Recorded: 5/22/2026 at 3:47:22.0 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: 1363

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) Requested By: 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 one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME Reily		FIRST NAME Ted	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 418 Belknap 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 418 Belknap 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]		All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA						

5614793_Reilly

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 Reilly	FIRST NAME Ted	MIDDLE NAME, SUFFIX
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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
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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: 8 Block: 17 City, Municipality, Township: RYAN Subdivision Name: ORIGINAL TOWN - RYAN Brief Description: RYAN LOT 8 BLK 17 Recorder's Map Ref: PM 690000201100

Address: 418 Belknap St Ryan Iowa 52330 in the Town of Ryan, County of Delaware

APN: 690000201100

16. Additional collateral description:

SOLAR SYSTEM:

12 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):

Ted Reilly
418 Belknap 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