UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294  B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)  3246 17123		Pages 8 County R Iowa E-Fi Combine Revenue	d: 10/6/ Recordir Iling Fee d Fee: \$ Tax: \$0 L. MAC	2025 at 8:09:00 ng Fee: \$42.00 e: \$3.00 645.00 .00 UMBER, RECO	
CSC 801 Adlai Stevenson Drive	1				
	led In: Iowa				
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	(Madison)	THE ABOVE OR	ACE 18 EC	D EU INC OFFICE US	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full na		fy, or abbreviate any part of the	Debtor's nar		idual Debtor's name will
not fit in line 1b, leave all of item 1 blank, check here and provide to and provide to a ORGANIZATION'S NAME	he Individual Debtor in	formation in item 10 of the Financ	ing Statemer	t Addendum (Form UCC1A	(t
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL			NAL NAME(S)/INITIAL(S)	SUFFIX
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16. MALING ADDITES 3246 SUSTIFICANE	TRURO		IA	50257	USA
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2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED SECUR	ED PARTY): Provide	only one Secured Party name (	3a or 3b)		
			Laborio		I = =
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS Fifth Third Bank - Dividend, 38	CITY		STATE	POSTAL CODE	COUNTRY
Fountain Sq Plaza, 1MOBA5	Cincinnati		ОН	45263	USA
4. COLLATERAL: This financing statement covers the following collateral: The collateral described below is located at the Debte AND INTEREST IN PHOTOVOLTAIC SOLAR ENER ROOFTOP SOLAR PANELS ELECTRICAL INVERT EQUIPMENT MONITORING EQUIPMENT SMART IN ADDITION THE SECURITY INTEREST INCLUDE REFERENCED COLLATERAL ANY RENEWABLE E (REFERRED TO AMONG OTHER THINGS AS SRE (PERFORMANCE-BASED INCENTIVES) AND ANY SUPPORT RENEWABLE ENERGY PRODUCTION RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY CREATE A SECURITY INTEREST IN THE DEBTOR RECORDS.	EGY EQUIPMERS CABLES METERS AND ES ALL WARE ENERGY OR CS) ANY RE OTHER ECC THAT BORRO EY EQUIPME	ENT (IF ANY) INCLES AND WIRES SUF DADDITIONS OR I RANTIES ISSUED CARBON CERTIFI NEWABLE ENERG DNOMIC BENEFITS OWER MAY RECE NT. THIS SECURI	LUDING PPORT REPLACE WITH F CATES Y PRO S RELA IVE OR TY AGF	BBUT NOT LIM BRACKETS RE CEMENTS OF TO TO OR CREDITS DUCTION INCENTED TO INCENTED TO TOE	ITED TO ELATED THE SAME. HE ENTIVES ITIVES TO TO AS A S NOT
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5. Check only if applicable and check only one box: Collateral is held in a Trust of a. Check only if applicable and check only one box:	(see UCC1Ad, item 17			ed by a Decedent's Person applicable and check online applicable applicable and check online applicable and check online applicable applicable and check online applicable and check online applicable and check online applicable applicable and check online applicable appli	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Transmitting Utility		_	y one box. JCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	<del></del>		icensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					3246 1712

17. MISCELLANEOUS:

. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statecause Individual Debtor name did not fit, check here	atement; if line 1b was left blank	7		
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME		1		
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KIMBERLY				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	1		
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DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and e		ne 1b or 2b of the Financing Stat	ement (Form UCC1) (use exac	t, full name;
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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if I because Individual Debtor name did not fit, check here	line 1b was left bl	ank				
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OR 9b. INDIVIDUAL'S SURNAME						
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9a. ORGANIZATION'S NAME				
DR 9b. INDIVIDUAL'S SURNAME				
PALMER				
FIRST PERSONAL NAME				
KIMBERLY ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
J		THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma</li> </ol>		2b of the Financing Staten	nent (Form UCC1) (use ex	act, full name;
10a. ORGANIZATION'S NAME				
DR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
0c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	L NOR SECURED PARTY'S NA	ME: Provide only <u>one</u> nan		
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11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEMENT:			
	14. This FINANCING STATEMENT:  covers timber to be cut 16. Description of real estate:  OF THE NORTHEAS FOURTEEN (14), TO RANGE TWENTY-SI COUNTY, IOWA, CO PLAT OF SURVEY F 27, 2001, IN THE OF COUNTY, IOWA;	COVERS ASS-EXTRACTED OF COVERS ASSENTING ASSEN	is filed a  /4) OF SECTIO NTY-FOUR (74) F THE 5TH P.M 67 ACRES, AS 2001, PAGE 32	NORTH, I., MADISON SHOWN IN 75 ON JUL'

9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
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TOU. ORGANIZATION O NAME					
10b. INDIVIDUAL'S SURNAME					
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C ADDITIONAL OF CURED PARTY/O MANGE	IONOR OF CURER DARK	//O NAME =			
ADDITIONAL SECURED PARTY'S NAME or ASS	IGNOR SECURED PART	Y S NAME: Prov	ride only <u>one</u> nam	ie (11a or 11b)	
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11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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. MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY		STATE		
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