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		Pages 7 County R Iowa E-Fil Combined Revenue 1	: 11/4/ ecordir ing Fee I Fee: \$ 「ax: \$0 L. MAC	2025 at 1:55: ng Fee: \$37.00 e: \$3.00 640.00 .00 UMBER, REC	0	
	led In: Iowa (Madison)					
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT				R FILING OFFICE		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full na not fit in line 1b, leave all of item 1 blank, check here and provide to and provide to any one of the name (1a or 1b) (use exact, full name (1a or 1b)).		lify, or abbreviate any part of the L nformation in item 10 of the Financi				eutor s name will
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL	(S)	SUFFIX
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1c. MAILING ADDRESS 800 E 1ST ST	TRURO		STATE	POSTAL CODE 50257		USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name that in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME		nformation in item 10 of the Financi	ng Statemer		[1Ad]	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
26. WALING ADDICESS	OIII		SIAIE	FOSTAL CODE		COGNIKI
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	ED PARTY): Provide	e only one Secured Party name (3	a or 3b)			
3a. ORGANIZATION'S NAME Fifth Third Bank, N.A.						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L 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 INVERTING 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.	GY EQUIPMERS CABLE METERS AN ES ALL WAR ENERGY OR CS) ANY RE OTHER ECC THAT BORR EY EQUIPME	MENT (IF ANY) INCL S AND WIRES SUP D ADDITIONS OR F RANTIES ISSUED N CARBON CERTIFIC ENEWABLE ENERG DNOMIC BENEFITS OWER MAY RECEI ENT. THIS SECURIT	UDING PORT REPLAC WITH F CATES Y PRO RELAC VE OR	BUT NOT LIBRACKETS FOR CEMENTS OF CREDITS DUCTION INCESTED TO INCESTED FOR THE PROPERTY OF THE	MITE RELATETHE THE S CENT ENTIVENTIVES NO	D TO TED SAME. TVES ES TO AS A
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Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Transmitting Utility	_	·· —	n-UCC Fil	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consigno	or Seller/Buyer	Ba	ilee/Bailor	License	e/Licensor
8. OPTIONAL FILER REFERENCE DATA:					3	280 4862

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9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
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FIRST PERSONAL NAME						
JOHN						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
			THE ABOVE S	PACE I	S FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one and do not omit, modify, or abbreviate any part of the Debtor's			o or 2b of the Financing	g Statem	ent (Form UCC1) (use ex	act, full name;
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
. MAILING ADDRESS		CITY	S	STATE	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME		I IOR SECURED PARTY'S I	NAME: B		(44 441)	
ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME	or Assign	TOR SECURED PART 1 5	NAME: Provide only	one nam	e (11a or 11b)	
TIA. ONGANIZATION O NAME						
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	Α	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	rd] (or recorded) in the		s			
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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here	nt; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
OR CLUNDWIN LAUG CUIDNAME				
9B. INDIVIDUAL S SURNAME				
MCCUDDIN FIRST PERSONAL NAME				
JOHN ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	IS FOR FILING OFFICE	LISE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor named on ot omit, modify, or abbreviate any part of the Debtor's name) and enter the				
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STATEM		collateral 🔽 is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	QUARTER (1/4) C ALONG AND 15 F FROM A POINT C AT THE SOUTH C FIFTEEN (15), TH ALONG THE SOU	DF SAID SECTION INTERPRETED SECTION INTERPRETED SECTION INTERPRETED SECTION INTERPRETED SECTION FIFTEEN (1	OF A LINE DESCF FOLLOWS: COM RNER OF SAID S 17'58" WEST 214. SOUTHWEST QU	RIBED MENCING SECTION 53 FEET ARTER

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if libecause Individual Debtor name did not fit, check here	ine 1b was left blank]			
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME					
MCCUDDIN FIRST PERSONAL NAME					
JOHN ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or 0 do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mai				IS FOR FILING OFFICE nent (Form UCC1) (use exact	
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGN	NOR SECURED PARTY'S	S NAME: Provide on	lly <u>one</u> nam	ne (11a or 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
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15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate: STREET IN THE		RURO,	MADISON COU	NTY, IOWA
17. MISCELLANEOUS:					