

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

BK: 2025 PG: 3238

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Pages 4

County Recording Fee: \$22.00

Iowa E-Filing Fee: \$3.00

Combined Fee: \$25.00

Revenue Tax: \$0.00

BRANDY L. MACUMBER, RECORDER

Madison County, Iowa

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)

3299 83293

CSC

801 Adlai Stevenson Drive

Springfield, IL 62703

Filed In: Iowa
(Madison)

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME

BEEBE

FIRST PERSONAL NAME

JANICE

ADDITIONAL NAME(S)/INITIAL(S)

L

SUFFIX

1c. MAILING ADDRESS 3030 PLEASANT VIEW TRAIL

CITY

PERU

STATE

IA

POSTAL CODE

50222

COUNTRY

USA

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME

Fifth Third Bank, N.A.

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS Fifth Third Bank - Dividend, 38

CITY

Cincinnati

STATE

OH

POSTAL CODE

45263

COUNTRY

USA

4. **COLLATERAL:** This financing statement covers the following collateral:

The collateral described below is located at the Debtors address listed above. ALL OF THE DEBTORS RIGHT TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT (IF ANY) INCLUDING BUT NOT LIMITED TO ROOFTOP SOLAR PANELS ELECTRICAL INVERTERS CABLES AND WIRES SUPPORT BRACKETS RELATED EQUIPMENT MONITORING EQUIPMENT SMART METERS AND ADDITIONS OR REPLACEMENTS OF THE SAME. IN ADDITION THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL ANY RENEWABLE ENERGY OR CARBON CERTIFICATES OR CREDITS (REFERRED TO AMONG OTHER THINGS AS SRECS) ANY RENEWABLE ENERGY PRODUCTION INCENTIVES (PERFORMANCE-BASED INCENTIVES) AND ANY OTHER ECONOMIC BENEFITS RELATED TO INCENTIVES TO SUPPORT RENEWABLE ENERGY PRODUCTION THAT BORROWER MAY RECEIVE OR BE ENTITLED TO AS A RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY INTEREST IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN THE LAND RECORDS.

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative6a. Check only if applicable and check only one box:☐ Public-Finance Transaction☐ Manufactured-Home Transaction☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):

☐ Lessee/Lessor☐ Consignee/Consignor☐ Seller/Buyer☐ Bailee/Bailor☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

3299 83293

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

BEEBE

FIRST PERSONAL NAME

JANICE

ADDITIONAL NAME(S)/INITIAL(S)

L

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

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 or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL 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)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):
JANICE BEEBE, 3030 PLEASANT VIEW TRAIL,
PERU, IA 50222

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ is filed as a fixture filing

16. Description of real estate:

THE FOLLOWING PROPERTY DESCRIBED IN THE COUNTY OF
MADISON, STATE OF IOWA.

COMMENCING AT THE SOUTHWEST CORNER OF THE
NORTHEAST QUARTER (NE1/4) OF SECTION FOURTEEN (14),
TOWNSHIP SEVENTY-FOUR (74) NORTH, RANGE
TWENTY-SEVEN (27) WEST OF THE 5TH P.M., MADISON
COUNTY, IOWA; THENCE ON AN ASSUMED BEARING OF
NORTH 00A, A 00'00" EAST ALONG THE WEST LINE OF SAID

17. MISCELLANEOUS:

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OR 10b. INDIVIDUAL'S SURNAME

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16. Description of real estate:

NORTHEAST QUARTER (NE1/4) 866.62 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 85A, A 20'58" EAST 707.32 FEET; THENCE NORTH 10A, A 17'52" WEST 266.78 FEET; THENCE NORTH 32A, A 31'24" WEST 260.17 FEET; THENCE NORTH 00A, A 40'37" EAST 375.77 FEET; THENCE NORTH 89A, A 23'21" WEST 521.89 FEET TO THE WEST LINE OF SAID NORTHEAST QUARTER (NE1/4); THENCE SOUTH 00A, A 00'00" EAST ALONG SAID WEST LINE 805.81 FEET TO THE POINT OF BEGINNING; SAID TRACT CONTAINS 11.11 ACRES, MORE

17. MISCELLANEOUS:

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INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

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FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

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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:

OR LESS, AND IS SUBJECT TO A MADISON COUNTY
HIGHWAY EASEMENT OVER THE WESTERLY 0.86 ACRES
THEREOF.

PIN: 700151424002100

17. MISCELLANEOUS: