202408260035

08/26/2024 11:07 AM Pages: 1 of 3 Fees: \$305.50

Skagit County Auditor, WA

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (opti- Name: Wolters Kluwer Lien Solutions Phone:				
B. E-MAIL CONTACT AT FILER (optional) ucofilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Ad	ddress) 25556 - SOLAR MOSAIC			
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	100413623 WAWA			
	FIXTURE			
File with: Skagit, WA		THE ABOVE SPACE IS	FOR FILING OFFICE U	SE ONLY
. DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 1b, leave all of item 1 blank, check		nodify, or abbreviate any part of the Del information in item 10 of the Financing		
1a. ORGANIZATION'S NAME	A field and provide the individual Deptor	mornation in tent to or the ritianoing	Owtenient Addendant (Form	00017407
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME APPL	FIONIAL MANGE COMMITTAL (C)	SUFFIX
Johnson	Lea Anne	ADDI	FIONAL NAME(S)/INITIAL(S)	30(1)
Ic. MAILING ADDRESS	СІТУ	STAT	E POSTAL CODE	COUNTRY
1211 12th St	Anacortes	WA	98221	USA
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME ADDIT	FIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIG	NEE of ASSIGNOR SECURED PARTY): Prov	ide only one Secured Party name (3a o	r 3b)	
3a, ORGANIZATION'S NAME Solar Mosaic LLC				
R 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME ADDI	ADDITIONAL NAME(S)/INITIAL(S)	
Sc. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
601 12th Street, Suite 325	Oakland	CA	94607	USA
COLLATERAL: This financing statement covers the for PN: P55433 bbreviated Legal Description: The West 17 Finacortes, According To The Plat Thereof Re	eet 7 Inches Of Lot 5, And The East			e City Of
he collateral includes the following, whether	now owned or hereafter acquired, wh	nether now existing or hereafter	arising, and wherever	located:
. All solar panels, inverters, battery storage, I nonitoring and/or other distributed generation ne Solar Equipment, "Purchased Goods") exc ixtures are referred to as "Collateralized Goo	interconnect equipment (collectively cluding Fixtures (as defined in Article	, "Solar Equipment") and home	improvement products	(together wit
. All accessions, attachments, accessories, to	pols, parts, supplies, replacements o	f and additions to any Collatera	lized Goods;	
Home Improvement Agreement") and, if deb				
Home Improvement Agreement") and, if deb etween the debtor and its operations and ma Check <u>only</u> if applicable and check <u>only</u> one box: Colla	intenance contractor ("Operations ar	nd Maintenance Agreement"); n 17 and Instructions) Deing admini		
. All proceeds from warranty claims related to "Home Improvement Agreement") and, if debetween the debtor and its operations and ma Check only if applicable and check only one box: Collab. Check only if applicable and check only one box:	intenance contractor ("Operations ar	nd Maintenance Agreement"); n 17 and Instructions) being admini- 6b. Check o	nly if applicable and check o	nly one box:
"Home Improvement Agreement") and, if debetween the debtor and its operations and ma Check only if applicable and check only one box: Collab. Check only if applicable and check only one box: Public-Finance Transaction	intenance contractor ("Operations ar	nd Maintenance Agreement"); n 17 and Instructions) being admini 6b. Check or Transmitting Utility Agric	nly if applicable and check on the check of	

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing	Statement: if line 1b was let	t blank				
because Individual Debtor name did not fit, check here						
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
Johnson						
FIRST PERSONAL NAME						
Lea Anne						
ADDITIONAL NAME(S)INITIAL(S)		SUFFIX				
			THE ABOVE SPACE IS FOR FILING OFFICE			ICE USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only one additional l	Debtor name or Debtor name	that did not fit in line 1t	or 2b of the Fin	ancing St	atement (Form UCC1) (us	se exact, full nam
do not omit, modify, or abbreviate any part of the Debtor's name) a	and enter the mailing address	s in line 10c				
10a, ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUALO SOTTANIL						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
DC. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECUR	ED PARTY'S NAME	: Provide only g	one nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME						
14b INDIVIDUAL'S SURNAME	EIDET DED	PONAL NAME	ı	ADDITIO	JAL NAME(SVINITIAL/S)	SILEELY
T11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
TID. INDIVIDUALS SURVAME	FIRST PER	SONAL NAME				
TID. INDIVIDUALS SURVAINE		SONAL NAME		ADDITION STATE	VAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS		SONAL NAME				
Ic. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY			STATE	POSTAL CODE	COUNTRY
It. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): All rebates and incentives that are payable as a resu	CITY	ateralized Goods e	xcept for such	STATE	POSTAL CODE	COUNTRY
Ic. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): All rebates and incentives that are payable as a resussigned to debtor's solar contractor or operations and	city ult of installing the Colla	ateralized Goods ex		STATE	POSTAL CODE	COUNTRY
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Solar Mosaic LLC

File with: Skagit, WA

415771 780946

17. MISCELLANEOUS; 100413623-WA-67 25556 - SOLAR MOSAIC

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

COUNTRY

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 9b. INDIVIDUAL'S SURNAME Johnson FIRST PERSONAL NAME Lea Anne ADDITIONAL NAME(S)INITIAL(S) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

ADDITIONAL SECURED PARTY'S NAME

10c. MAILING ADDRESS

11c. MAILING ADDRESS

OR

11a. ORGANIZATION'S NAME

11b. INDIVIDUAL'S SURNAME

possessing any Collateralized Goods or any proceeds of Collateralized Goods.

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

All of the collateral described above is intended to be classified as personal property, but to the extent that any portion of such collateral is or becomes classified as a fixture, this filing constitutes a fixture filing as to such collateral. The collateral described above secures a purchase money obligation in favor of the secured party and secured party's lien thereon constitutes a purchase money security interest.

FIRST PERSONAL NAME

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

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEMENT:
REAL ESTATE RECORDS (if applicable)	covers timber to be cut covers as-extracted 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):	16 Description of real estate: RECORDS OF SKAGIT COUNTY, WASHINGTON. State: WA County: Skagit County
17. MISCELLANEOUS: 100413623-WA-57 25556 - SOLAR MOSAIC Solar N	Mosaic LLC File with: Skagit, WA 415771 780946