09/11/2024 02:30 PM Pages: 1 of 3 Fees: \$305.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (option: Name; Wolters Kluwer Lien Solutions Phone; 8					
B. E-MAIL CONTACT AT FILER (optional) uccfllingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Add	ress)				
C. SEND ACKNOWLEDGIVENT TO. (Wallie and Addi	^(ess) 25556 - SOLAR MOSAIC				
Lien Solutions	100673513				
P.O. Box 29071	•				
Glendale, CA 91209-9071	WAWA				
	FIXTURE				
File with: Skagit, WA	- -	THE ABOVE SPA	ACE IS F	OR FILING OFFICE US	E ONLY
DEBTOR'S NAME: Provide only one Debtor name (1)	a or 1b) (use exact, full name; do not omit, mod				
name will not fit in line 1b, leave all of item 1 blank, check					
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Cushman	Emily				
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
19629 Cygnus Ln	Mount Vernon		WA	98273	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2	a or 2b) (use exact, full name; do not omit, mod	ify, or abbreviate any part o	f the Debto	's name); if any part of the I	ndividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check	here 🔲 and provide the Individual Debtor info	rmation in item 10 of the Fi	nancing Sta	atement Addendum (Form L	ICC1Ad)
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	IE .	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNE	E of ASSIGNOR SECURED PARTY): Provide	only one Secured Party na	ne (3a or 3	b)	•
3a. ORGANIZATION'S NAME					
Solar Mosaic LLC					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	AE .	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
601 12th Street, Suite 325	Oakland		CA	94607	USA
4. COLLATERAL: This financing statement covers the follo			•	•	•
APN: P17668					
Abbreviated Legal Description: (5.2800 Ac) Lot 2 Short Plats, Page 52, Under Auditors File No. 95	t, Short Plat No. 95-002, Approved De 512140103, Record Of Skagit County	cember 1, 1995, Rec	orded De	cember 14, 1995, in E	300k 12 Of
Short Flats, Fage 32, Officer Additors File No. 3	512140105, Record Of Skagit County.	Washington, And De	ing A For	nion of the Northwes	c 1/4 Of The S
The collateral includes the following, whether no	w owned or hereafter acquired, wheth	ner now existing or he	reafter a	rising, and wherever k	ocated:
1. All solar panels, inverters, battery storage, ho	t water solar systems, racking system	s. wiring, electrical an	d mecha	nical connections, me	terina.
monitoring and/or other distributed generation in	terconnect equipment (collectively, "S	olar Equipment") and	home in	provement products (together with
the Solar Equipment, "Purchased Goods") exclu		of the UCC), if any (su	ch Purch	ased Goods which ex	cludes
Fixtures are referred to as "Collateralized Goods	s),				
2. All accessions, attachments, accessories, too	ls, parts, supplies, replacements of ar	nd additions to any Co	llateraliz	ed Goods;	
O. 611	to Calletonalian d Canada dia tanan in				
All proceeds from warranty claims related to t ("Home Improvement Agreement") and, if debto					
between the debtor and its operations and main				and maintenance agre	Johnone
5. Check only if applicable and check only one box: Collate	· '			red by a Decedent's Person	nal Representative
6a. Check only if applicable and check only one box:				if applicable and check on	
	I-Home Transaction	l .		tural Lien Non-UC	
	see/Lessor Consignee/Consignor	Seller/Buyer			nsee/Licensor
ALTERNATIVE DESIGNATION (IT applicable). Less OPTIONAL FILER REFERENCE DATA:	Counting Counting	☐ Sellel/Duyel	⊔ы	rices Dalloi Licer	iscercioe(180)
100673513 426911			80	6257	

FOLLOW INSTRUCTIONS			_			
NAME OF FIRST DEBTOR: Same as line 1a or because Individual Debtor name did not fit, chec	•	1b was left blank]			
9a. ORGANIZATION'S NAME	ж.ты.е		1			
R 90. INDIVIDUAL'S SURNAME						
Cushman						
FIRST PERSONAL NAME			1			
Emily						
ADDITIONAL NAME(S)INITIAL(S)		SUFFIX	THE ABOVE	CDACE	E IS EOD EII ING OE	EICE LICE ONL V
DEBTOR'S NAME: Provide (10a or 10b) onl	v one additional Debtor name or De	ebtor name that did not fit in			tatement (Form UCC1) (
do not omit, modify, or abbreviate any part of the					and the control of th	
10a. ORGANIZATION'S NAME						
DR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(Q1					SUFFIX
HADIAIDOUE & VDDILLOUVE HAVINE ON HALLINE	9,					SOTTIA
10c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S N. T1a. ORGANIZATION'S NAME	AME OF ASSIGNOR	SECURED PARTY'S	NAME: Provide only	<u>one</u> nam	e (11a or 11b)	
Ta. ORGANIZATIONO MANIE						
OR 11b, INDIVIDUAL'S SURNAME	1	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	ľ	CITY		STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral)						
All rebates and incentives that are pay assigned to debtor's solar contractor or o			ods except for suc	n repat	es and incentives w	hich have been
5. All debtor's rights, title, interests, and r	emedies under all agreemer	nte etatemente and of	her documentatio	n relatir	on to the Colleteraliz	ed Goods
(including, without limitation, the Home Ir						.cu 000u3
6. All consideration received from the col	lection, sale or other disposi	tion of any property th	at constitutes Col	lateraliz	ed Goods, including	any payment
eceived from any insurer arising from an	y loss, damage or destruction	on of any Collateralize	d Goods and any			
13. This FINANCING STATEMENT is to be file REAL ESTATE RECORDS (if applicable)	d [for record] (or recorded) in the					
5. Name and address of a RECORD OWNER of I	real estate described in item 16	covers timber to be 16. Description of real estat		extracted	collateral X is filed a	s a fixture filing
(if Debtor does not have a record interest):		Parcel ID:				
Emily Cushman		P17668				
19629 Cygnus Ln						
Mount Vernon, WA 98273		(5.2800 AC) Lo	OT 2, SHOF	RT PI	LAT NO. 95-0	02,
		ÀPPROVEÓ D				
		DECEMBER 1				
		PLATS, PAGE	,			
					AGIT COUN	T) /

17. MISCELLANEOUS: 100673613-WA-57 25556 - SOLAR MOSAIC

Solar Mosaic LLC

File with: Skagit, WA 426911 806257

UCC FINANCING STATEMENT ADDEND	JM
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	cing Statement; if line 1b was le	eft blank				
ecause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
Cushman						
FIRST PERSONAL NAME						
Emily						
ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING OF	FICE USE ON
DEBTOR'S NAME: Provide (10a or 10b) only one addition			line 1b or 2b of the Fi	nancing St	atement (Form UCC1) (i	use exact, full na
to not omit, modify, or abbreviate any part of the Debtor's nate 10a, ORGANIZATION'S NAME	me) and enter the mailing addres	s in line 10c				
IDS. DROWNIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
	Low				BOOTH BODS	00.0.0.0
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECUI					
11b. INDIVIDUAL'S SURNAME	FIRST PER	RSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
•						
. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):		de		STATE	POSTAL CODE	COUNTRY
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ADDITIONAL SPACE FOR ITEM 4 (Collateral): ssessing any Collateralized Goods or any proced of the collateral described above is intended to	eds of Collateralized Good	property, but to		ny portic	on of such collatera	l is or becom
ADDITIONAL SPACE FOR ITEM 4 (Collateral): ssessing any Collateralized Goods or any proced of the collateral described above is intended to ssified as a fixture, this filing constitutes a fixture	eds of Collateralized Good be classified as personal e filing as to such collatera	property, but to	I described abov	ny portic	on of such collatera	l is or becom
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