202410080009

10/08/2024 10:04 AM Pages: 1 of 3 Fees: \$305.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (options Name: Wolters Kluwer Lien Solutions Phone: 86		1			
B. E-MAIL CONTACT AT FILER (optional) ucofilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Addr	ess) 25556 - SOLAR MOSAIC				
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	101083465 WAWA FIXTURE				
	FIXTORE _				
File with: Skagit, WA 1. DEBTOR'S NAME: Provide only one Debtor name (1)	or 1b) (use exact, full name; do not omit, i			OR FILING OFFICE U	
name will not fit in line 1b, leave all of item 1 blank, check h					
1a, ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	EIRET DEDECMAL	NA RAC	LADDITIO	NAL NAME (COMMITTAL (C)	SUFFIX
Rehm	Carla	FIRST PERSONAL NAME Carla		NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY			POSTAL CODE	COUNTRY
4727 Sierra St	Mount Verno	n	WA	98274	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a	a or 2b) (use exact, full name; do not omit, i	modify, or abbreviate any p	part of the Debto	r's name); if any part of th	e Individual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check h	ere and provide the Individual Debto	information in item 10 of t	the Financing Sta	atement 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 ASSIGNE	E of ASSIGNOR SECURED PARTY): Prov	ide only one Secured Par	ty name (3a or 3	b)	
3a. ORGANIZATION'S NAME					
Solar Mosaic LLC					SUFFIX
36. INDIVIDUAL'S SURNAME	FIRST PERSONAL	PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
601 12th Street, Suite 325	Oakland		CA	94607	USA
4. COLLATERAL: This financing statement covers the follow APN: P133299 Abbreviated Legal Description: (0.1250 AC) LOT COUNTY AUDITOR'S FILE NO. 201607270025	106, PLAT OF WOODSIDE PUD	DIVISIONS 1 AND 2	2, RECORDE	D JULY 27, 2016, U	NDER SKAGIT
The collateral includes the following, whether no	w owned or hereafter acquired, wl	nether now existing o	r hereafter a	rising, and wherever	located:
All solar panels, inverters, battery storage, hot monitoring and/or other distributed generation in the Solar Equipment, "Purchased Goods") exclusivatures are referred to as "Collateralized Goods".	terconnect equipment (collectively ding Fixtures (as defined in Article	, "Solar Equipment")	and home in	provement products	(together with
2. All accessions, attachments, accessories, tool	ls, parts, supplies, replacements o	f and additions to an	y Collateraliz	ed Goods;	
3. All proceeds from warranty claims related to the ("Home Improvement Agreement") and, if debtor between the debtor and its operations and maint	has received an operations and r	naintenance loan, the	e operations :		
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collater	al isheld in a Trust (see UCC1Ad, iter	n 17 and Instructions)	being administe	red by a Decedent's Pers	sonal Representative
6a. Check only if applicable and check only one box:			6b. Check only	if applicable and check of	only one box:
		Transmitting Utility		tural Lien Non-U	$\overline{}$
	ee/Lessor Consignee/Consign	or Seller/Buye	r Bai	lee/Bailor Lic	ensee/Licensor
8, OPTIONAL FILER REFERENCE DATA:			0.4	0100	

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 9b. INDIVIDUAL'S SURNAME Rehm FIRST PERSONAL NAME Carla 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) 10c. MAILING ADDRESS ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 11c. MAILING ADDRESS POSTAL CODE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 4. All rebates and incentives that are payable as a result of installing the Collateralized Goods except for such rebates and incentives which have been assigned to debtor's solar contractor or operations and maintenance contractor; 5. All debtor's rights, title, interests, and remedies under all agreements, statements and other documentation relating to the Collateralized Goods (including, without limitation, the Home Improvement Agreement and Operations and Maintenance Agreement); and 6. All consideration received from the collection, sale or other disposition of any property that constitutes Collateralized Goods, including any payment received from any insurer arising from any loss, damage or destruction of any Collateralized Goods and any other payment received as a result of 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 16. Description of real estate: 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Parcel ID: Carla Rehm P133299 4727 Sierra St Mount Vernon, WA 98274 (0.1250 AC) LOT 106, PLAT OF WOODSIDE PUD

17. MISCELLANEOUS: 101083465-WA-67 25566 - SOLAR MOSAIC

Solar Mosaic LLC

201607270025. State: WA

File with: Skagit, WA

DIVISIONS 1 AND 2, RECORDED JULY 27, 2016, UNDER SKAGIT COUNTY AUDITOR'S FILE NO.

431990 819199

because Individual Debtor name did not fit, check here	ing Statement; if line 1	b was left blank				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME			1			
Rehm						
FIRST PERSONAL NAME						
Carla		SUFFIX				
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INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
IDc. MAILING ADDRESS	C	ITY		STATE	POSTAL CODE	COUNTRY
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ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME	ASSIGNOR	SECURED PARTY'S	NAME: Provide only	one name	e (11a or 11b)	
	-	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
11b. INDIVIDUAL'S SURNAME	10					
TID, INDIVIDUALS SURVAVINE						
R 11b. INDIVIDUAL'S SURNAME		ITY		STATE	POSTAL CODE	COUNTRY
ITC. MAILING ADDRESS				STATE	POSTAL CODE	COUNTRY
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