SUFFIX

COUNTRY

USA

SUFFIX

COUNTRY

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UCC FINANCING STATEMEN	т	
1,1,4,4,		

B. E-MAIL CONTACT AT FILER (optional)

OR

OR

2b. INDIVIDUAL'S SURNAME

3a. ORGANIZATION'S NAME Cross River Bank

3b. INDIVIDUAL'S SURNAME

**GREIF** 

2c. MAILING ADDRESS

3c. MAILING ADDRESS

1358 120TH STREET

BK: 2023 PG: 73

Recorded: 1/16/2023 at 8:03:29.0 AM

Pages 2

County Recording Fee: \$12.00 lowa E-Filing Fee: \$3.00 Combined Fee: \$15.00

Revenue Tax:

BRANDY L. MACUMBER, RECORDER

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

50072

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

Madison County, Iowa

dooming/claim@woilerskidwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name an	d Address) 52667 - Launch - Sunlight	nt			
Lien Solutions P.O. Box 29071	90863362				
Glendale, CA 91209-9071	IAIA				
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885 Teaneck Road

4. COLLATERAL: This financing statement covers the following collateral:
ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN (A) PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT (IF ANY), INCLUDING BUT NOT LIMITED TO ROOFTOP OR GROUND MOUNT SOLAR PANELS, ELECTRICAL INVERTERS, MICROINVERTERS OR POWER OPTIMIZERS, CABLES AND WIRES, SUPPORT BRACKETS, AND RELATED EQUIPMENT, (B) ANY ADDITIONS TO, OR REPLACEMENTS OF, THE FOREGOING, AND (C) ANY PRODUCTS OR PROCEEDS OF THE FOREGOING. IN ADDITION, THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL AND ALL OTHER PRODUCTS, PROCEEDS, AND ATTACHMENTS.

CITY

FIRST PERSONAL NAME

FIRST PERSONAL NAME

**DAKOTA** 

**FARLHAM** 

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

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 Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buye	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
90863362 LoanID 397584	LenderCode SUN005

## LICC FINANCING STATEMENT ADDENDUM

OCC FINANCING STATEMENT ADDEND
FOLLOW INSTRUCTIONS
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing States

ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)  11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	GREIF FIRST PERSONAL NAME ALYSSABETH  ADDITIONAL NAME(S)NINTIAL(S) A  THE ABOVE SPACE IS FOR FILING OFFICE USE O  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE O  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE O  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE O  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE O  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE O  SUFFIX IN THE ABOVE SPACE IS FOR FILING OFFICE USE O	pecause Individual Debtor name did not fit, check here	_						
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INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  ADDITIONAL SECURED PARTY'S NAME of	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  ALLING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  ADDITIONAL SECURED PARTY'S NAME  ADDITIONAL SECURED PARTY'S NAME  FIRST PERSONAL NAME: Provide only one name (11a or 11b)  11b. INDIVIDUAL'S SURVAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  TO STATE POSTAL CODE  COUNTR  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the CEAL ESTATE RECORDS (if applicable)  The postal code in the COUNTR COVER of the Country of the Ceal Estate described in item 16  16. Description of real estate  Legal Description PAR E 3.01A IN NW NE APN 250041524010000  County: MADISON								
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