RISOS Filing Number: 201718470)//U D	ate: 8/23/2017	1:14:00	PIVI				
UCC FINANCING STATEMENT								
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)		İ						
Phone: (800) 331-3282 Fax: (818) 662-4141								
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	1							
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 25556 - SOL	AR MOSAIC							
CT Lien Solutions P.O. Box 29071	60305453							
Glendale, CA 91209-9071 RIRI								
l r	1							
File with: Secretary of State, RI				R FILING OFFIC				
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide the name will not fit in line 1b, leave all of item 1 blank, check here and provide the name will not fit in line 1b, leave all of item 1 blank, check here and provide the name will not fit in line 1b.		modify, or abbreviate any r information in item 10 of						
1a. ORGANIZATION'S NAME	SIE II GIVIGGAI DEDIC	i illorriador in Rein 10 or	ole Financing Sta	rement Addendant (r	dill occ (Au)			
OR AL HIDDERILAN GUIDANA								
1b. INDIVIDUAL'S SURNAME Thompson	FIRST PERSONAL Brian	. NAME	ADDITION	ADDITIONAL NAME(S)/INITIAL(S)				
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY			
10 Althea Rd	Warwick		RI	02889	USA			
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full in name will not fit in line 2b, leave all of item 2 blank, check here and provide the name will not fit in line 2b. 		modify, or abbreviate any periodical modern and the						
2a. ORGANIZATION'S NAME	•							
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	Liange	141 NIANAT (OLDNITTAN)	Louissie			
ZD. INDIVIDUAL S SURRAINE	FIRST PERSONAL	. NAME	ADDITION	IAL NAME(S)/INITIAL(S	SUFFIX			
2c. MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY			
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Pm	vide only one Secured Par	ty name (3a or 3)					
3a, ORGANIZATION'S NAME		one only one occurred the	ty riamo (ou or or	·,				
Solar Mosaic, Inc	I FIDAT AFRANIA		Laborio	The same of the little of the	Lovern			
3D. INDIVIDUAL 5 SURNAME	FIRST PERSONA	. NAME	ADDITIO	NAL NAME(S)/INITIAL(S	S) SUFFIX			
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY			
1212 Broadway Ste 300	Oakland		CA	94612	USA			
COLLATERAL: This financing statement covers the following collateral: The collateral includes the following, whether now owned or hereaf	ter acquired, w	hether now existing o	or hereafter ar	ising, and where	ver located:			
1. All solar panels, inverters, racking systems, wiring, electrical and mechanical connections, metering, monitoring and/or other distributed generation interconnect equipment, battery storage equipment, electrical vehicle power charging equipment, thermostat equipment, and landscaping services to accommodate the solar system (collectively, "Collateralized Goods");								
2. All accessions, attachments, accessories, tools, parts, supplies,	replacements of	of and additions to an	y Collateraliza	ed Goods;				
3. All proceeds from warranty claims related to the Collateralized G ("Home Improvement Agreement") and, if debtor has received an obetween the debtor and its operations and maintenance contractor	perations and	maintenance loan, the	e operations a	n the debtor and and maintenance	solar contractor agreement			
All rebates and incentives that are payable as a result of installing assigned to debtor's solar contractor or operations and maintenance.	g the Collatera	_		es and incentives	which have been			
5. All debtor's rights, title, interests, and remedies under all agreem (including, without limitation, the Home Improvement Agreement and	ents, statemen nd Operations a	ts and other docume and Maintenance Agr	ntation relatin eement); and	g to the Collatera	alized Goods			
	(see UCC1Ad, iter	n 17 and Instructions)			Personal Representative			
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	A Dahtor in	n Transmitting Utility		if applicable and che ural Lien No	ock <u>only</u> one box: n-UCC Filing			
	Onsignee/Consign			ee/Bailor	Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA: 60305453 42441		<u> </u>	70	150	-			
42441			78	158				

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin	ie 1b was left	blank				
because Individual Debtor name did not fit, check here						
OR 9b. INDIVIDUAL'S SURNAME		_				
Thompson						
FIRST PERSONAL NAME						
Brian						
ADDITIONAL NAME(SYINITIAL(S)		SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING OFFICE	E USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or	Debtor name t	hat did not fit in				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma			mie ib Gi 25 Gi die i ii	nancing o	tatement (Form Occi) (use	exact, full floitio,
10a, ORGANIZATION'S NAME		•				
OR 10b, INDIVIDUAL'S SURNAME			•		<u></u>	
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)	•					SUFFIX
10c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	R SECURE	D PARTY'S N	AME: Provide only	one nam	e (11a or 11b)	· · · · · · · · · · · · · · · · · · ·
11a. ORGANIZATION'S NAME						
OR						
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME		ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
						.]
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
6. All consideration received from the collection, sale or other dispo	sition of an	v property th:	et constitutes Col	latoraliz	od Goods, including a	nv navment
received from any insurer arising from any loss, damage or destruc-	tion of any (Collateralized	d Goods and any	other pa	ayment received as a	result of
possessing any Collateralized Goods or any proceeds of Collaterali	zed Goods				•	
All of the collateral described above is intended to be classified as p	areonal nr	norty but to	the extent that a	ny nasti	on of such colleteral is	or hacomae
classified as a fixture, this filing constitutes a fixture filing as to such	collateral.	The collatera	I described above	e secur	es a purchase money	obligation in
favor of the secured party and secured party's lien thereon constitut	tes a purcha	ase money s	ecurity interest.		,	•
	,					
 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 	14. This FIN	ANCING STATE	EMENT:		_	
		rs timber to be		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. Descripti	on of real estate) :			
(
	ľ					
	1					
17. MISCELLANEOUS: 60305453-RI-0 25556 - SOLAR MOSAIC Solar M	losaic, Inc		File with: Secretary of S	tate, RI	42441 78158	