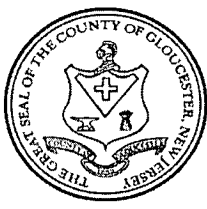


3

|                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Gloucester County Recording Data Page</b><br><b>Honorable James N. Hogan</b><br><b>Gloucester County Clerk</b><br> | <i>Official Use Only – Barcode</i><br><br>*61 2018 00011390*<br><br><br>Docket: 00011390<br>Type:UCC    Pages:<br>James N. Hogan, Gloucester County Clerk<br>Receipt#:789564    03:24:50P    Dec 10,2018<br>Recording Fee:        25.00 |
| <i>Official Use Only – Record &amp; Return</i>                                                                                                                                                         | <i>Official Use Only – Realty Transfer Fee</i>                                                                                                                                                                                                                                                                            |
| Date of Document:<br>12/07/2018                                                                                                                                                                        | Type of Document:<br>UCC FINANCING STATEMENT                                                                                                                                                                                                                                                                              |
| First Party Name:<br>KATHLEEN TROILO                                                                                                                                                                   | Second Party Name:<br>SUNRISE 3, LLC                                                                                                                                                                                                                                                                                      |
| Additional Parties:                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                           |

|                                                         |      |
|---------------------------------------------------------|------|
| <b>THE FOLLOWING SECTION IS REQUIRED FOR DEEDS ONLY</b> |      |
| Block:                                                  | Lot: |
| Municipality:                                           |      |
| Consideration:                                          |      |
| Mailing Address of Grantee:                             |      |

|                                                                                                                                                                                           |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>THE FOLLOWING SECTION IS FOR ORIGINAL MORTGAGE BOOKING &amp; PAGING INFORMATION FOR ASSIGNMENTS, RELEASES, SATISFACTIONS, DISCHARGES &amp; OTHER ORIGINAL MORTGAGE AGREEMENTS ONLY</b> |                |
| Original Book:                                                                                                                                                                            | Original Page: |

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|                                                                                               |                                 |
|-----------------------------------------------------------------------------------------------|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Phone: (800) 331-3282 Fax: (818) 662-4141   |                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br>CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 25900 - SunPower                                |                                 |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                   | 67676952<br><br>NJNJ<br>FIXTURE |
| File with: Gloucester, NJ                                                                     |                                 |

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                                             |                                    |                                 |                               |                      |
|---------------------------------------------|------------------------------------|---------------------------------|-------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME                     |                                    |                                 |                               |                      |
| OR                                          | 1b. INDIVIDUAL'S SURNAME<br>TROILO | FIRST PERSONAL NAME<br>KATHLEEN | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 1c. MAILING ADDRESS<br>472 Mantua Boulevard |                                    | CITY<br>Mantua Township         | STATE<br>NJ                   | POSTAL CODE<br>08080 |
|                                             |                                    |                                 | COUNTRY<br>USA                |                      |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement 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 ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|                                           |                          |                     |                               |                           |
|-------------------------------------------|--------------------------|---------------------|-------------------------------|---------------------------|
| 3a. ORGANIZATION'S NAME<br>SUNRISE 3, LLC |                          |                     |                               |                           |
| OR                                        | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                    |
| 3c. MAILING ADDRESS<br>PO BOX 82387       |                          | CITY<br>Austin      | STATE<br>TX                   | POSTAL CODE<br>78708-2387 |
|                                           |                          |                     | COUNTRY<br>USA                |                           |

4. COLLATERAL: This financing statement covers the following collateral:  
Residential photovoltaic

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 only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

67676952

SUNRISE 3, LLC

003-1444833-001

**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 ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

TROILO

FIRST PERSONAL NAME

KATHLEEN

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ 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):

TROILO KATHLEEN

16. Description of real estate:

APN: 10-00169-0000-00002-07 Legal Description:  
BLOCK 169 LOT 2.07