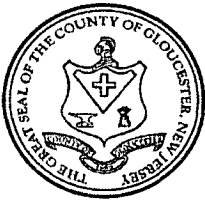


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Gloucester County Recording Data Page Honorable James N. Hogan Gloucester County Clerk 	<i>Official Use Only – Barcode</i> *61 2024 00027409*  Docket: 00027409 Type:UCC Pages: James N. Hogan, Gloucester County Clerk Receipt#:1197902 01:31:14P Nov 04,2024 Recording Fee: 25.00
<i>Official Use Only – Record & Return</i>	<i>Official Use Only – Realty Transfer Fee</i>
Date of Document: 11/1/2024	Type of Document: UCC 1
First Party Name: MAYO, EVIE G	Second Party Name: Tesla, Inc.
Additional Parties: MAYO, GREGORY A	

THE FOLLOWING SECTION IS REQUIRED FOR DEEDS ONLY	
Block:	Lot:
Municipality:	
Consideration:	
Mailing Address of Grantee:	

THE FOLLOWING SECTION IS FOR ORIGINAL MORTGAGE BOOKING & PAGING INFORMATION FOR ASSIGNMENTS, RELEASES, SATISFACTIONS, DISCHARGES & OTHER ORIGINAL MORTGAGE AGREEMENTS ONLY	
Original Book:	Original Page:

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2963 83297 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: New Jersey (Gloucester)	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

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 Mayo		FIRST PERSONAL NAME Evie	ADDITIONAL NAME(S)/INITIAL(S) G	SUFFIX
1c. MAILING ADDRESS 1052 Standish Dr		CITY Turnersville	STATE NJ	POSTAL CODE 08012 COUNTRY 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 Mayo		FIRST PERSONAL NAME Gregory	ADDITIONAL NAME(S)/INITIAL(S) A	SUFFIX
2c. MAILING ADDRESS 1052 Standish Dr		CITY Turnersville	STATE NJ	POSTAL CODE 08012 COUNTRY USA

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 Tesla, Inc.				
OR				
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 3500 Deer Creek Road		CITY Palo Alto	STATE CA	POSTAL CODE 94304 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral

All energy generation systems and associated components at any time provided by Tesla, Inc. to Debtor. The Secured Party is not taking a security interest in the real property (except solely to the extent the foregoing is a fixture). The Secured Party's only security interest is in the specific collateral described in this section.

5. Check <u>only</u> if applicable and check <u>only</u> 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. ☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility	
6b. Check <u>only</u> if applicable and check <u>only</u> 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: JB-080753-00 - 33692509	

2963 83297

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

Mayo

FIRST PERSONAL NAME

Evie

ADDITIONAL NAME(S)/INITIAL(S)

G

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)

MAYO EVIE G & MAYO GREGORY A - 1052
STANDISH DR TURNERSVILLE NJ 08012

16. Description of real estate:

A PARCEL OF LAND LOCATED IN THE STATE OF NJ, COUNTY OF GLOUCESTER, WITH A SITUS ADDRESS OF 1052 STANDISH DR, TURNERSVILLE NJ 08012-1316 C008 CURRENTLY OWNED BY MAYO EVIE G & MAYO GREGORY A HAVING A TAX ASSESSOR NUMBER OF 18-00261-0000-00017 AND DESCRIBED IN DOCUMENT NUMBER 5112-301 DATED 07/15/2013 AND RECORDED 09/16/2013. MUNICIPALITY: WASHINGTON TWP

17. MISCELLANEOUS: