

|   | at Request of:    at Developer, LLC   |                                 | <b>11</b> // <b>1</b> /// <b>10</b> // <b>10</b> //           |                    |
|---|---|---------------------------------|---|--------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>877-404-4129 (option 7)   |   | *192134 <b>2</b> 060*           |   |                    |
| B. E-MAIL CONTACT AT FILER (optional)   |   | 1921342060 Fee                  | \$93 AA   |                    |
| filings@vivintsolar.com   |   |                                 |   |                    |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   | RHSP F  | EE:\$9.00 RPRF FEE:             | \$1.00  |                    |
| Vivint Solar Developer, LLC   | EDWARD  | M. MOODY                        |   |                    |
| P.O. Box 4589   | COOK C  | OUNTY RECORDER OF D             | EEDS  |                    |
| Portland, OR 17298  | DATE:   | 08/01/2019 02:30 PM             | PG: 1 0F 4  |                    |
|   |   |                                 | 1105  | ON!! V             |
|   | exact, full name; do not omit, modify, or a<br>d provide the Individual Debtor informatio | bbreviate any part of the Debto |   | idividual Debtor's |
| 1a. ORGANIZATION'S NAME   |   |                                 |   |                    |
| Th. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME   | ADDITIO                         | NAL NAME(S)/INITIAL(S)  | SUFFIX             |
| Arevalo   | Reyna   |                                 |   |                    |
| c. MAILING ADDRESS<br>1301 Corley Dr  | Elgin   | STATE<br>IL                     | 60120   | COUNTRY            |
| 2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S SURNAME   | FIRST PEPSONAL NAME   | ADDITIO                         | NAL NAME(S)/INITIAL(S)  | SUFFIX             |
| c. MAILING ADDRESS  | CITY  | STATE                           | POSTAL CODE   | COUNTRY            |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN  3a. ORGANIZATION'S NAME  Vivint Solar Developer, LLC   |   | C                               |   |                    |
| 3b. INDIVIDUAL'S SURNAME  | FIRST PERSONAL NAME   | ADDITIO                         | NAL NAME(S)/INITIAL(S)  | SUFFIX             |
| c. MAILING ADDRESS  | CITY<br>Lehi  | STATE<br>UT                     | POSTAL CODE<br>84043  | COUNTRY            |
| 1800 W. Ashton Blvd.  COLLATERAL: This financing statement covers the following collater:   |   |                                 | <u> </u>  |                    |
| See Exhibit A attached hereto.  |   |                                 |   |                    |
|   |   |                                 |   |                    |
|   |   |                                 |   | S                  |
|   |   |                                 |   | S <sub>1</sub>     |
|   |   |                                 |   | S<br>P<br>S        |
| i. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held i<br>a. Check <u>only</u> if applicable and check <u>only</u> one box: | n a Trust (see UCC1Ad, item 17 and Inst   | ructions) being administe       | red by a Decedent's Persona<br>if applicable and check only o |                    |

UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

1921342060 Page: 2 of 4

# **UNOFFICIAL COPY**

UCC FINANCING STATEMENT ADDENDUM

| - (-           | gause Individual Debtor name did not fit, check here  |   |   |                   |                               |                      |                  |
|----------------|---|---|---|-------------------|-------------------------------|----------------------|------------------|
| ĺ,             | 9a. ORGANIZATION'S NAME   |   |   |                   |                               |                      |                  |
| ŀ              |   |   | ,   |                   |                               |                      |                  |
| R .            | 9b. INDIVIDUAL'S SURNAME  |   |   |                   |                               |                      |                  |
|                | Arevalo   |   |   |                   |                               |                      |                  |
| ľ              | FIRST PERSONAL NAME   |   |   |                   |                               |                      |                  |
| ļ              | Reyna  ADDITIONAL NAME(\$\sigma_i\text{nitTal(\$s)}   | leur.   |   |                   |                               |                      |                  |
|                | ADDITIONAL NAME(S,/INTERAL(S)   | SUP   | FIX   |                   |                               |                      |                  |
|                | CERTOP'S NAME: Provide (5) a 1/h) only non additional   | Debtes some as Debtes some #5-1   | 4:4 Fr 1- 11-   |                   |                               | S FOR FILING OFF     |                  |
|                | DEBTOR'S NAME: Provide (155 r 155) only <u>one</u> additional do not omit, modify, or abbreviate any pen of the Debtor's name)  | Deptor name or Deptor name that<br>and enter the mailing address in life                                    | did not fit in lin<br>ne 10¢  | e 1b or 2b of the | Financing S                   | tatement (Form UCC1) | (use exact, full |
|                | 10a. ORGANIZATION'S NAME  |   |   |                   |                               |                      |                  |
|                |   |   |   |                   |                               |                      |                  |
| ₹ -            | 10b, INDIVIDUAL'S SURNAME   |   |   |                   |                               |                      |                  |
| L              |   |   |   |                   |                               |                      |                  |
|                | INDIVIDUAL'S FIRST PERSONAL NAME  |   |   |                   |                               |                      |                  |
| F              | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  | 0   |   |                   |                               |                      | SUFFI            |
|                |   | 4   |   |                   |                               |                      | 3077             |
| _L<br>5.       | MAILING ADDRESS   | CIT   |   |                   | STATE                         | POSTAL CODE          | COUN             |
|                |   |   |   |                   |                               |                      |                  |
| ſ              | ADDITIONAL SECURED PARTY'S NAME of  | ASSIGNOR SECUPED  | PARTY'S   | NAME: Provide     | only <u>one</u> na            | me (11a or 11b)      |                  |
| Ī              | 118. ORGANIZATION'S NAME  |   | <u> </u>  |                   |                               |                      |                  |
| - [ ]          |   |   | // //   |                   |                               |                      |                  |
|                |   |   |   |                   |                               |                      |                  |
|                | 11b. INDIVIDUAL'S SURNAME   | FIRST PERSONA   | L NAM :   |                   | ADDITIO                       | NAL NAME(S)/INITIAL( | S) SUFFI)        |
| ₹ -            |   |   | L NAM -   | <u></u>           |                               |                      |                  |
| ۲ -            | 116. INDIVIDUAL'S SURNAME MAILING ADDRESS   | FIRST PERSONA<br>CITY   | L NAM =   | 0,                | ADDITIO                       | NAL NAME(S)/INITIAL( |                  |
| ς . ·          | MAILING ADDRESS   |   | NL NAME   |                   |                               |                      |                  |
| ۲<br>c.        |   |   | SL NAM 2  | 0/2/4             |                               |                      | SUFFIX           |
| ς . ·          | MAILING ADDRESS   |   | NL NAM :  | 0,4               |                               |                      |                  |
| ς . ·          | MAILING ADDRESS   |   | NL NAM :  | 0,4               |                               | POSTAL CODE          |                  |
| ς . ·          | MAILING ADDRESS   |   | IL NAM :  |                   |                               | POSTAL CODE          |                  |
| ς . ·          | MAILING ADDRESS   |   | NL NAM :  |                   |                               | POSTAL CODE          |                  |
| <b>₹</b>       | MAILING ADDRESS   |   | NL NAM  |                   |                               |                      |                  |
| ₹ <del>1</del> | MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):   | CITY  |   | O A               |                               | POSTAL CODE          |                  |
| ₹ <del>1</del> | MAILING ADDRESS   | ecorded) in the 14. This FINANC   |   | _                 | STATE                         | POSTAL CODE          | COUNT            |
| 2 T            | MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed (for record) (or recall ESTATE RECORDS (if applicable)  ame and address of a RECORD OWNER of real estate describer             | ecorded) in the 14. This FINANC   | ING STATEME   | _                 |                               | POSTAL CODE          | COUNT            |
| N (if          | MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed (for record) (or recall and address of a RECORD OWNER of real estate described to be both or does not have a record interest): | ecorded) in the 14. This FINANC  covers ti d in item 16 16. Description c                                   | ING STATEME<br>mber to be cut<br>f real estate:   | _                 | STATE                         | POSTAL CODE          | COUNT            |
| C. A           | MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed (for record) (or recall ESTATE RECORDS (if applicable)  ame and address of a RECORD OWNER of real estate describer             | ecorded) in the 14. This FINANC   | ING STATEME<br>mber to be cut<br>f real estate:   | _                 | STATE                         | POSTAL CODE          | COUNT            |
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| . A            | MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed (for record) (or recall and address of a RECORD OWNER of real estate described to be both or does not have a record interest): | ecorded) in the 14. This FINANCI covers tis d in item 16 16. Description o  County o  Address o  Real Estat | ING STATEME<br>mber to be cut<br>f real estate:<br>f: Cook<br>of<br>te: 1301 Cor                      | covers as         | STATE  -extracted of L, 60120 | POSTAL CODE          | COUNT            |
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| C. A           | MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed (for record) (or recall and address of a RECORD OWNER of real estate described to be both or does not have a record interest): | ecorded) in the 14. This FINANCI covers tis d in item 16 16. Description o  County o  Address o  Real Estat | ing Stateme<br>mber to be cut<br>freal estate:<br>f: Cook<br>of<br>te: 1301 Cor<br>V: 06171<br>See Ex | covers as         | STATE  -extracted of L, 60120 | POSTAL CODE          |                  |

### APN: 06171030250000 UNOFFICIAL COPY Service No.:

S-6097324

### **EXHIBIT A**

This NOTICE (this "Notice") is provided by VIVINT SOLAR DEVELOPER, LLC, a Delaware limited liability company ("Company") with reference to the following facts:

- 1. Reyna Arevalo ("Homeowner") and Company entered into that certain Residential Solar System Lease Agreement, dated as of April 23, 2019 (the "Agreement"). Any capitalized term used but not defined herein shall have the meaning ascribed to such term in the Agreement. To request a copy of the Agreement, please contact Company by calling 1.877.404.4129, or by writing at 1800 W. Ashton Blvd., Lehi, UT 84043.
- 2. The Agreement commenced on April 23, 2019 and will terminate on approximately December 19, 2039 (the "Term"). At the end of the Term, Homeowner may elect to continue with the Agreement on a year-to-year basis, enter into a new agreement, request removal of the System, or purchase the System. If Homeowner elects removal, then Company shall remove the System within ninety (90) days.
- 3. Pursuant to the Agreement, Homeowner granted to Company a right to access, enter into, and use the Property for the installation, operation, and maintenance of a solar photovoltaic energy system (the "System") at Homeowner's residential property located at 1301 Corley Dr, Elgin, County of Cook, IL, 60120 (the "Property").
- 4. Pursuant to the terms and conditions of the Agreement, the Company has agreed to lease the System to Homeowner and Homeowner has agreed to pay monthly rent to the Company.
- 5. Company owns the System, collectively with all associated rights, privileges, assets, incentives, rebates, and benefits arising from, relating to, or attributable to the System (the "System Interests"). At all times during the Term, the System and the System Interests shall remain Company's sole personal property and shall not be deemed or characterized as

- a "fixture" or any part of the "realty" as those terms may be defined by applicable law. THIS NOTICE SHALL NOT IN ANY WAY MODIFY THE CHARACTER OR CLASSIFICATION OF THE SYSTEM. THE SYSTEM IS NOT A FIXTURE.
- 6. COMPANY DOES NOT HAVE A SECURITY INTEREST OR LIEN ON THE PROPERTY. THIS NOTICE SHOULD NOT BE CONSTRUED AS AN ENCUMBRANCE AFFECTING TITLE TO THE PROPERTY.
- 7. Pursuant to the terms and conditions of the Agreement, if the Homeowner proposes to sell or transfer the Property, it must provide Company with thirty (30) days' prior written notice of such sale or transfer, including the name of the proposed purchaser or transferee ("Property Transferee"). If Property Transferee will not assume the obligations under the Agreement, or if Company determines that Property Transferee does not qualify, then Homeowner will be required to purchase the System at Four Dollars (\$4) per watt installed, subject to reduction pursuant to the terms of the Agreement.
- 8. If Homeowner defaults under the Agreement and Company elects to terminate the Agreement, then Homeowner may be responsible to purchase the System at Seven Dollars (\$7) per watt installed, subject to reduct on pursuant to the terms of the Agreement. Alternatively, Company may elect to terminate the Agreement and remove and retake the System.
- 9. If Company defaults under the Agreement and Homeowner elects to terminate the Agreement, then Company shall remove the System within ninety (90) days.
- 10. The Agreement is binding upon Homeowner's and Company's respective heirs, legal representatives, successors, and permitted assigns.
- 11. This Notice shall not, under any circumstances, be deemed to modify or change any provision of the Agreement. In the event of any conflict between the terms of this Notice and the Agreement, the Agreement shall control.



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#### Exhibit B

LOT 47 IN PARKWOOD EAST UNIT 2, BEING A SUBDIVISION OF PART OF THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 41 NORTH, RANGE 9 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN THE CITY OF ELGIN, COOK COUNTY, ILLINOIS.

REUCCOUNTY Clerk's Office

COOK COUNTY RECORDER OF DEEDS

Cook, IL - Arevalo