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Doc# 1931828011 Fee \$93.00

UCC FINANCING STATEMENT			RHSP	FEE:\$9.00 RPRF FE	E: \$1.00
FOLLOW INSTRUCTIONS			EDWA	RD M. MOODY	
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax	: 818-662-4141		COOK	COUNTY RECORDER	OF DEEDS
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com			DATE	: 11/14/2019 09:5	5 AM PG: 1 Ur
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 31224 -			بدرسته	سيه د د مديد په د مديد	
P.O. Box 29071	2901				
1212	URE ,				
File with: Cook, IL		THE ABOVE SPAC	E IS FO	OR FILING OFFICE US	SE ONLY
1. DEBTOR'S NAME: Provide only on: Pabtor name (1a or 1b) (use exact, funame will not fit in line 1b, leave all of it., 11, ank, check here and provide		odify, or abbreviate any part of th information in item 10 of the Fina			
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	IAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Stanford Crittendon	Alma		STATE	POSTAL CODE	COUNTRY
1c, MAILING ADDRESS	CITY		IL	60411	USA
19920 Erika Court 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex. ct, f	Lynwood	odify, or abbreviate any part of the			
		information in item 10 of the Fina			
2a. ORGANIZATION'S NAME	70				
OR 2b. INDIVIDUAL'S SURNAME	FIRST HEASONALM	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	7×,	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CURED PARTY): Provid	de only <u>one</u> Secured Party name	e (3a or 3	b)	
3a, ORGANIZATION'S NAME Sunnova TE Management LLC		C/2			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
		1			
3c. MAILING ADDRESS	CITY		\$ A/E	POSTAL CODE	COUNTRY
20 Greenway Plaza, Suite 475 4. COLLATERAL: This financing statement covers the following collateral:	Houston		TX .	7 046	USA
All solar panels, inverters, wiring, racking, meters and associated Service Agreement, as referenced by the System ID Number ind INTEREST OR LIEN IN THE DEBTORS REAL PROPERTY TO	icated below, THIS	S SECURITY AGREEMEN	IT DOE	d installed pursuant to S NOT CATATE A S	o the Solar SECURITY SECURITY P 3
					S N M
					SC
					INITYU
5. Check only if applicable and check only one box: Collateral is held in a Tri	ust (see UCC1Ad, item	17 and Instructions) being a	dministe	red by a Decedent's Person	onal Representative
6a. Check only if applicable and check only one box:				if applicable and check or	
Public-Finance Transaction Manufactured-Home Transaction	☐ A Debtor is a	Transmitting Utility	Agricul	tural Lien Non-UC	C Filing

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

VZ002389469

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

72312901

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UCC FINANCING STATEMENT ADDENDUM

Stanford Crittendon FIRST PERSONAL NAME Alma ADDITIONAL NAME(SYINITIALIZE), DEBTOR'S NAME: Provide (10a or 100) not; 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 not ont, modify, or abbreviate any part of the Octor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME OC. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME: Provide only one name (11a or 11b) SUFFIX ADDITIONAL NAME(SYINITIAL(S) SUFFIX STATE ADDITIONAL NAME(SYINITIAL(S) SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX ADDITIONAL NAME(SYINITIAL(S) SUFFIX SUFFIX SUFFIX SUFFIX ADDITIONAL NAME(SYINITIAL(S) SUFFIX S		9a. ORGANIZATION'S NAME						
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Debtor: Stanford Crittendon, Alma

Exhibit for Real Estate

County.

Clarks Office 16. Description of real estate:

Continued