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Karen A. Yarbrough Cook County Clerk

Date: 01/13/2023 11:15 AM Pg: 1 of 2

8. OPTIONAL FILER REFERENCE DATA:

DORADO I RESI SOLAR LLC - B195 - 3520285

UCC FINANCING STATEMENT		Date: 0111012020 11:1	o Awing. 10		
FOLLOW INSTRUCTIONS		•1			
A. NAME & PHONE OF CONTACT AT FILER (optional)		1			
Lien Operations - (800) 786-7693		• •_			
B. E-MAIL CONTACT AT FILER (optional)					
lien@sunpower.com		1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
SunPower Capital, LLC P.O. BOX 841246, Los Angeles, CA 90084-1246					
UCC Fixture: COOK, II. , APN: 16-33-217-022 00:00					
				R FILING OFFICE USE	
1. DEBTOR'S NAME: Provide only one or bottom name (1a or 1b) (use exact, fu					
name will not fit in line 1b, leave all of ແຍຫຼາກ blook, check here and provid	le the Individual Deb	itor information in item 10 of	the Financing St	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME					
OR					
1b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Casillas	Clara				
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3244 S 49TH AVE	CICERO		IL	60804	USA
				's name); if any part of the In atement Addendum (Form U	
2a. ORGANIZATION'S NAME	C				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PEP 30N	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	77	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CUREN PARTY): Pi	rovide only one Se ureo Part	ly name (3a or 3h	1)	
3a. ORGANIZATION'S NAME	COREDITARITY. TI	ovide only <u>one</u> or saled an	ty Harrie (Sa Or Si	7	
DORADO I RESI SOLAR LLC					
3b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		8T), TE	POSTAL CODE	COUNTRY
PO Box 82387	Austin		TX	178708-2387	USA
COLLATERAL: This financing statement covers the following collateral:	ridotiii		11/1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	0011
Residential Solar Photovoltaic Equipment which may confor questions or assistance concerning this filing, we urgarequest, select Submit Online under refinance or home sa	e you to visit v		life for the fa	astest response. To	submit your
	st (see UCC1Ad, ite	m 17 and Instructions)		red by a Decedent's Persona	
6a. Check only if applicable and check only one box:	_		6b. Check only	if applicable and check <u>only</u> (one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is	s a Transmitting Utility	Agricul	tural Lien Non-UCC	Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consig	nor Seller/Buye	er Ra	ilee/Bailor Licen	see/Licensor

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UCC FINANCING STATEMENT ADDENDUM

FOLLOWINSTRUCTIONS		_			
 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here 	nt; if line 1b was left blank	1			
9a. ORGANIZATION'S NAME		1			
		1			
OR 9b. INDIVIDUAL'S SURNAME		4			
Casillas					
FIRST PERSONAL NAME		1			
Clara					
ADDITIONAL NAME(S)/INIT.AL/S)	SUFFIX	1			
				IS FOR FILING OFF	
10. DEBTOR'S NAME: Provide (10a or 10 ¹), o. ly one additional Debtor nan do not omit, modify, or abbreviate any part of he Cabler's name) and enter the Cabler's name.		in line 1b or 2b of the F	Financing 9	Statement (Form UCC1)	(use exact, full name
10a. ORGANIZATION'S NAME	ne maning address in line 196				
<i>y</i>					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	Θ_Z				SUFFIX
	τ_{\sim}				
0c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1 ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURE (PART)	Y'S NAME: Provide (aniv one n	ame (11a or 11b)	
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11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME	7/	Y'S NAME: Provide of			(S) SUFFIX COUNTRY
11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS	FIRST PERSONAL NAME	Y'S NAME: Provide	ADDITIO	ONAL NAME(S)/INITIAL	
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