eRecorded by: CSC Ingeo **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 1-800-858-5294 CSC B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2833 72098 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Washington (Skamania) 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 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX GUNDERSEN FAITH 1c. MAILING ADDRESS 91 KEK ROAD CITY POSTAL CODE COUNTRY CARSON WΑ 98610 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 ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 2c. MAILING ADDRESS POSTAL CODE STATE 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 FIFTH Third Bank, N.A. OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS Fifth Third Bank Dividend, 38 POSTAL CODE COUNTRY Fountain Sq Plaza, 1MOBA5 Cincinnati OH 45263 USA 4. COLLATERAL: This financing statement covers the following collateral: THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAMANIA STATE OF WASHINGTON, TOGETHER WITH ALL AFTER ACQUIRED TITLE OF THE GRANTOR(S) THEREIN: LOT 13, BOULDER RIDGE ESTATES SUBDIVISION, RECORDED DECEMBER 29, 2009 AS AUDITOR NO. 2009-174613. IN THE COUNTY OF SKAMANIA AND STATE OF WASHINGTON. 03750140130000 The collateral described below is located at the Debtors address listed above. ALL OF THE DEBTORS RIGHT TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT (IF ANY) INCLUDING BUT NOT LIMITED TO ROOFTOP SOLAR PANELS ELECTRICAL INVERTERS CABLES AND WIRES SUPPORT BRACKETS RELATED EQUIPMENT MONITORING EQUIPMENT SMART METERS AND ADDITIONS OR REPLACEMENTS OF THE SAME.

Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

Consignee/Consignor

A Debtor is a Transmitting Utility

Seller/Buyer

Skamania County, WA

Total: \$305.50 Pgs=3

UCC Request of: 2024-000630

05/28/2024 08:03 AM

being administered by a Decedent's Personal Representative

Licensee/Licensor

2833 72098

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

Agricultural Lien

Bailee/Bailor

Manufactured-Home Transaction

Lessee/Lessor

5. Check only if applicable and check only one box:

6a. Check only if applicable and check only one box

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line cause Individual Debtor name did not fit, check here	ne 1b was left blank				
9a. ORGANIZATION'S NAME					
R			4		
9b. INDIVIDUAL'S SURNAME GUNDERSEN					
FIRST PERSONAL NAME FAITH			_ \ \	<b>.</b>	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE	SPACE IS FOR FILI	NG OFFICE U	SE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or D     do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mail		1b or 2b of the Financ	ing Statement (Form UC	(use exact, fu	ull name;
10a. ORGANIZATION'S NAME		$\sim$ 7			
10b. INDIVIDUAL'S SURNAME	70		-		
INDIVIDUAL'S FIRST PERSONAL NAME	77.7	$\lor$			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<b></b>	4.		SUFFIX
Oc. MAILING ADDRESS	CITY		STATE POSTAL CO	DDE	COUNTRY
	OR SECURED PARTY'S	S NAME: Provide on	ly <u>one</u> name (11a or 11b	)	
11a. ORGANIZATION'S NAME	)	/-	<i>—</i>	٩.	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	_ 1	ADDITIONAL NAME(S	)/INITIAL(S)	SUFFIX
ic. MAILING ADDRESS	CITY		STATE POSTAL CO	DDE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): IN ADDITION THE SECURITY INTEREST INCLUDE REFERENCED COLLATERAL ANY RENEWABLE E (REFERRED TO AMONG OTHER THINGS AS SRE (PERFORMANCE-BASED INCENTIVES) AND ANY SUPPORT RENEWABLE ENERGY PRODUCTION RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY	ENERGY OR CARE ECS) ANY RENEWA OTHER ECONOM THAT BORROWER BY EQUIPMENT. TO	BON CERTIFICABLE ENERG IIC BENEFITS R MAY RECEI HIS SECURIT	CATES OR CF Y PRODUCTION RELATED TO VE OR BE EN	REDITS ON INCEN INCENTI TITLED TO	TIVES VES TO O AS A
<ol> <li>This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</li> </ol>	14. This FINANCING STATEM	_	extracted collateral	is filed as a fix	cture filing
5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): FAITH GUNDERSEN, 91 KEK ROAD, CARSON, WA 98610	16. Description of real estate: THE FOLLOWING DESCRIBED REAL ESTATE, SITUATED IN THE COUNTY OF SKAMANIA STATE OF WASHINGTON, TOGETHER WITH ALL AFTER ACQUIRED TITLE OF THE GRANTOR(S) THEREIN:				
	LOT 13, BOULDER RIDGE ESTATES SUBDIVISION, RECORDED DECEMBER 29, 2009 AS AUDITOR NO. 2009-174613, IN THE COUNTY OF SKAMANIA AND STATE OF WASHINGTON. PIN: 03750140130000				
7. MISCELLANEOUS:					

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	1		
9a. ORGANIZATION'S NAME				
			_	
9b. INDIVIDUAL'S SURNAME GUNDERSEN		1		
FIRST PERSONAL NAME		_		
FAITH				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE AROVE SPACE	S FOR FILING OFFICE	ELISE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the name of the Debtor's name.				
10a. ORGANIZATION'S NAME	- 4			
OR 10b. INDIVIDUAL'S SURNAME	7			
INDIVIDUAL'S FIRST PERSONAL NAME		$\overline{}$		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			4.	SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME of ASSIC	GNOR SECURED PARTY	'S NAME: Provide only one na	me (11a or 11b)	
11a. ORGANIZATION'S NAME	SHOR GEOGRED PARTY	O NAME. Floride only one ha	me (Ta of Tib)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): CREATE A SECURITY INTEREST IN THE DEBT	ORS REAL PROPER	RTY TO BE RECOR	DED IN THE LAN	ID
RECORDS.				
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE	_	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):	16. Description of real estate	<u> </u>		
17. MISCELLANEOUS:				