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Record at the request of and when recorded return to: Paramount Equity Mortgage, LLC DBA Loanpal

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| A. NAME & PHONE OF CONTACT AT FILER (optional) | | BK: RE 3619 PG: 142 - 143 |
|---|-----------------------------|--|
| B. E-MAIL CONTACT AT FILER (optional) | | |
| filings@loanpalsupport.com | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | |
| Paramount Equity Mortgage, LLC DBA Loanpal PO Box 4387 Portland, OR 97208 | | |
| L | | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, for | ull name; do not omit, modi | fy, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's |

2021032723 00239

FORSYTH CO. NC FEE \$38.00 PRESENTED & RECORDED 06/18/2021 04:45:47 PM LYNNE JOHNSON REGISTER OF DEEDS BY: CHELSEA B POLLOCK **DPTY**

BK: RE 3619 PG: 142 - 143

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

95746

STATE

CA

SUFFIX

COUNTRY **USA**

| r | name will not fit in line 1b, leave all of item 1 blank, check here | and provide the Individual Debtor information in item 10 | 0 of the Financing St | atement Addendum (Form U | CC1Ad) |
|------|---|--|-----------------------|------------------------------|--|
| | 1a. ORGANIZATION'S NAME | <u> </u> | | | ************************************** |
| OR | 1b. INDIVIDUAL'S SURNAME | | Libbitio | ALAY AVALUE (O) (BAUTIAL (O) | Tourse |
| | Fields | Shameka | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. | MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 2 | 2320 Whisperwood St | Rural Hall | NC | 27045-9816 | USA |
| OR | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | | |
| 2c. | MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 3. 5 | SECURED PARTY'S NAME (or NAME of ASSIGNEE o | ASSIGNOR SECURED PARTY): Provide only <u>one</u> Secured | Party name (3a or 3b |)) | |
| | 3a. ORGANIZATION'S NAME | 1 | | | |
| | Paramount Equity Mortgage, LLC DBA Loar | ipal | | | |

4. COLLATERAL: This financing statement covers the following collateral:

3b. INDIVIDUAL'S SURNAME

8781 Sierra College Boulevard

3c. MAILING ADDRESS

All of the debtor's right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral.

FIRST PERSONAL NAME

CITY

Roseville

| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative | | | | | | |
|---|--|--|--|--|--|--|
| 6a. Check only if applicable and check only one box: | 6b. Check only if applicable and check only one box: | | | | | |
| Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility | Agricultural Lien X Non-UCC Filing | | | | | |
| 7. ALTERNATIVE DESIGNATION (if applicable): X Lessee/Lessor Consignee/Consignor Seller/ | Bailee/Bailor Licensee/Licensor | | | | | |
| 8. OPTIONAL FILER REFERENCE DATA: | | | | | | |
| Acct # 2106052001 | | | | | | |

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 9b. INDIVIDUAL'S SURNAME Fields FIRST PERSONAL NAME Shameka ADDITIONAL NAME(S)/INITIAL(S) 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 ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE CITY STATE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X 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 X is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): County of: Forsyth Shameka Fields Address of Real Estate: 2320 Whisperwood St Rural Hall, NC 27045-9816 APN: 6819291391 Chandler Pointe LOT39PH2A BL4968E 17. MISCELLANEOUS: