



Please fill out the section(s) to indicate what update you need made to your system. The first section is required.

GATS System Name:	HEALTH SPACE - CLEVELAND CLINIC
GATS Unit ID:	NON 49602
GATS Account Name:	EVERGREEN ENERGY SOLUTIONS
System Address:	8911 EUCLID AVE. CLEVELAND, OH 44106
Certification Number(s):	11-SPV-OH-GATS-0635
CHANGE IN SYSTEM OW	ERSHIP
Seller Name:	

Seller Name:	Ohio Cooperative Solar, Inc.		
Buyer Name:	SL Buckeye Solar I, LLC C/O SunLight General Capital LLC		
Ownership Change:	Change in System Ownership only Change in SREC Ownership only		
	Change in System and SREC Ownership		
Date of Sale:	9/28/17		
Seller Signature:	BULLIFORES BRETT JONES		
Buyer Signature:	Edouard Klehe, Authorized Signatory		

CHANGE IN SYSTEM LOCATION

Seller Name:	
Buyer Name:	
Ownership Change:	Change in System Ownership only Change in SREC Ownership only Change in System and SREC Ownership
Date of Sale:	
Seller Signature:	
Buyer Signature:	



CHANGE IN SYSTEM SIZE

New System Size (kW)	
Date of Change	

	Module Quantity	Module Size	Tilt	Orientation
Array 1	•			
Array 2				
Array 3				
Array 4				

Additional Comments:

Please refer to assignment agreement for evidence of ownership change.

I attest that	the statements	above	are	accurate.
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Name: E[DOUARD KLEHE	
Signature: _	Cilw	
Date:	3-28-2017	

For change in system ownership:
Please either email or fax this form to the GATS Administrator.
Email: GATSAdmin@pim-eis.com

Fax: 610-771-4114

For changes in system location or size: Please upload this form under "Documents" in the system's update application in GATS.

NOTE: Change Form will only be accepted if it is filled out completely and legibly.

All changes will be effective the date this form is received by the GATS Administrator.