

2014-003461

Klamath County, Oregon



00151315201400034610020023

04/16/2014 11:04:53 AM

Fee: \$47.00

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 23974 - SOLARCITY	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	42835141  <b>OROR FIXTURE</b>

File with: Klamath, OR

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 not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME			
OR			
1b. INDIVIDUAL'S SURNAME Mccoy	FIRST PERSONAL NAME Danielle	ADDITIONAL NAME(S)/INITIAL(S) R	SUFFIX
1c. MAILING ADDRESS 5133 SUMAC AVE	CITY KLAMATH FALLS	STATE OR	POSTAL CODE 97603
		COUNTRY 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 MCCOY	FIRST PERSONAL NAME KEVIN	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 5133 SUMAC AVE	CITY KLAMATH FALLS	STATE OR	POSTAL CODE 97603
		COUNTRY USA	

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 SOLARCITY CORPORATION			
OR			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 3055 CLEARVIEW WAY	CITY SAN MATEO	STATE CA	POSTAL CODE 94402
		COUNTRY USA	

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

ALL EQUIPMENT LEASED FROM TIME TO TIME BY SECURED PARTY TO DEBTOR.

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☒ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer

☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

42835141 JB-976011-00 Mccoy, Danielle

0400 Portland

# 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 ☐

8a. ORGANIZATION'S NAME

OR 8b. INDIVIDUAL'S SURNAME

Mccoy

FIRST PERSONAL NAME

Danielle

ADDITIONAL NAME(S)/INITIAL(S)

R

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

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Danielle R Mccoy  
5133 SUMAC AVE  
KLAMATH FALLS, OR 97603

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Description of real estate:

A PARCEL OF LAND LOCATED IN THE STATE OF OR, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 5133 SUMAC AVE, KLAMATH FALLS OR 97603-8424 R008 CURRENTLY OWNED BY MCCOY KEVIN & MCCOY DANIELLE R HAVING A TAX ASSESSOR NUMBER OF R569824 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS GATEWOOD, BLOCK 6, LOT 11 AND DESCRIBED IN DOCUMENT NUMBER 7-7741 DATED 04/23/2007 AND RECORDED 04/30/2007 .

17. MISCELLANEOUS: 42835141-OR-35 23974 - SOLARCITY

SOLARCITY CORPORATION

File with: Klamath, OR

JB-976011-00 Mccoy, Danielle 0400 Portland