UCC FINANCING STATEMENT

Steensland Garrett M It. MAILING ADDRESS 1974 Van Ness Ave CITY Klamath Falls 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 Information in item 10 of the Financing Statement Addendum (Form UCC Za. ORGANIZATION'S NAME OR Zb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYBNITIAL(S)) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Secured Party Name (and NAME of ASSIGNEE of ASSIGNEE of ASSIGNAL NAME (and NAME of	UCC FINANCING STATEMENT					
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SPRFilling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1956 538311						
SC SOT Addia Stevenson Drive Springfield, It 62703 Filed In: Oregon (Klamath) THE ABOVE SPACE IS FOR FILING OFFICE USE ON 1.0 EBTOR'S NAME: Provide only one Debtor name (1a or 1b) (see exact, till name, do not onth, modify, or abbreviate any part of the Debtor's name); fany part of the teld search will not fit in line 1b; leave all of linen 1 blesk, check here and provide the Individual Debtor Information is teen 10 of the Financing Statement Addendum (Form UCC 15s. DROAMACATION'S NAME ADDITIONAL NAME(S) INSTITULIES Steensland FIRST PERSONAL NAME ADDITIONAL NAME(S) INSTITULIES Steensland Garrett M ADDITIONAL NAME(S) INSTITULIES CATTY STATE POSTAL CODE ADDITIONAL NAME(S) INSTITULIES DESTOR'S NAME: Provide only gase Debtor name (2a or 2b) (see exact. All name, co and anit, modify, or absreviate any part of the Debtor's name); if any part of the Debtor's name (in the 2b; serve all of see all of see and provide the individual Debtor information in form 10 of the Financing Statement Addendum (Form UCC 2s) (Report Name); if any part of the Debtor's name); if any part of the Debtor's name (in the 2b; serve all of see all						
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	5. Check only if applicable and check only one boy. Collateral is	in a Trust (see UCC1Ad, item 17 and Instructi	ions) heing administ	ered by a Decedent's Person	nnal Representative	
TOD. Office only if applicable and check office one post.	a. Check only if applicable and check only one box:			6b. Check only if applicable and check only one box:		

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

1595 83611

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

2019-001701

02/25/2019 08:40:01 AM

Fee: \$87.00

Klamath County, Oregon

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

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 OR 9b. INDIVIDUAL'S SURNAME Steensland	
9a. ORGANIZATION'S NAME OR 9b. INDIVIDUAL'S SURNAME Steensland	
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96. INDIVIDUAL'S SURNAME Steensland	
96. INDIVIDUAL'S SURNAME Steensland	
FIRST PERSONAL NAME	
Garrett	
ADDITIONAL NAME(S)/INITIAL(S) M	THE ADOME OD A OF 10 FOR FILING OFFICE HOP ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not on on omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10.	
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
OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NA	
11c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	
1974 Van Ness Ave Klamath Falls, OR 97601 8.52kw solar s modules, 1 so installed at 19 3809-029AA-0	to be cut covers as-extracted collateral 📝 is filed as a fixture filing
17. MISCELLANEOUS:	