

2019-012321

Klamath County, Oregon

10/21/2019 02:39:54 PM

Fee: \$87.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

CSC 1-800-858-5294

B. E-MAIL CONTACT AT FILER (optional)

SPRFiling@cscglobal.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

1715 81991

CSC
801 Adlai Stevenson Drive
Springfield, IL 62703

Filed In: Oregon
(Klamath)

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

Gordon

FIRST PERSONAL NAME

Kirby

ADDITIONAL NAME(S)/INITIAL(S)

A

SUFFIX

1c. MAILING ADDRESS 12400 Lupine Ln

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

Gordon

FIRST PERSONAL NAME

Angela

ADDITIONAL NAME(S)/INITIAL(S)

M

SUFFIX

2c. MAILING ADDRESS 12400 Lupine Ln

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 Community 1st Credit Union

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS 929 Eastside Street SE

CITY
Olympia

STATE
WA

POSTAL CODE
98501

COUNTRY
USA

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

Perfection Purchase Money Security Interest in Fixture. Complete 9.76kW Solar system including 32 Trina 305-Watt energy modules 1 Solar Edge inverter, 1 22kW Generac Guardian generator backup system and all equipment and components installed at 12400 Lupine Ln Klamath Falls, OR 97603 Parcel:595975 MTL:3910-010BC-00400 Map Coord:39S-10E-10-NW-S Situs Address:12400 LUPINE LN KLAMATH FALLS, OR 97603 Abbreviated Legal Address:TWP 39 RNGE 10 BLK-SEC 10 LOT-2

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

1715 81991

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

OR 9b. INDIVIDUAL'S SURNAME

Gordon

FIRST PERSONAL NAME

Kirby

ADDITIONAL NAME(S)/INITIAL(S)

A

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)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted 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):

Kirby A Gordon
Angela M Gordon
12400 Lupine Ln
Klamath Falls, OR 97603

16. Description of real estate:

Perfection Purchase Money Security Interest in Fixture. Complete 9.76kW Solar system including 32 Trina 305-Watt energy modules 1 Solar Edge inverter, 1 22kW Generac Guardian generator backup system and all equipment and components installed at 12400 Lupine Ln Klamath Falls, OR 97603 Parcel:595975 MTL:3910-010BC-00400 Map Coord:39S-10E-10-NW-S Situs Address:12400 LUPINE LN KLAMATH FALLS, OR 97603 Abbreviated Legal Address:TWP 39 RNGE 10 BLK-SEC 10 LOT-2

17. MISCELLANEOUS: