UCC FINANCING STATEMENT			Fee: \$87.00	
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)				
1781 45178 CSC				
801 Adlai Stevenson Drive Springfield, IL 62703	d In: Oregon			
	(Klamath)			
<u> </u>	THE AB	OVE SPACE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, ful name will not fit in line 1b, leave all of item 1 blank, check here and provide and provide the second secon	I name; do not omit, modify, or abbreviate the Individual Debtor information in item			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
Strop	Lusann	M	510 (E 10 (ME (G)) 11 (11 ME (G)	COLLIX
1c. MAILING ADDRESS 7130 Sierra Pl	CITY	STATE	POSTAL CODE	COUNTRY
	Klamath Falls	OR	97603	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, ful name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	I name; do not omit, modify, or abbreviate e the Individual Debtor information in item			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		DNAL NAME(S)/INITIAL(S)	SUFFIX
Strop	Tylor	W	IDOOTH CODE	OO! IN ITDY
2c. MAILING ADDRESS 7130 Sierra Pl	Klamath Falls	OR STATE	POSTAL CODE 97603	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME Community 1st Credit Union	URED PARTY): Provide only <u>one</u> Secured	l Party name (3a or 3	b)	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 929 Eastside Street SE	CITY	STATE	POSTAL CODE	COUNTRY
32. WALLING ADDICES 929 Eastside Street SE	Olympia	WA	98501	USA
4. COLLATERAL: This financing statement covers the following collateral: Perfection: Purchase Money Security Interest In Fix Solar system and all of its components installed at 3909E12DC04600 Situs Address: 7130 Sierra PI, k Block 1, Lot 17 Map Coord: 39S-9E-12-SE-SW For Date: 2017-06-29	7130 Sierra Pl Klamath Fa Klamath Falls, OR 97603 A	lls, OR 97603 bbreviated Le	B Parcel: R567078 egal Description: S	Alt Parcel: unset East
5. Check only if applicable and check only one box: Collateral is held in a Trus	t (see UCC1Ad, item 17 and Instructions)	being administ	ered by a Decedent's Persona	al Representative
6a. 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

Agricultural Lien

Bailee/Bailor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

1781 45178

Non-UCC Filing

Licensee/Licensor

2020-002473

02/28/2020 12:41:35 PM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

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	ADDITIONAL NAME(S)/INITIAL(S) Л		SUFFIX				
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C. I	A. ORGANIZATION'S NAME The Individual's surname Alling address DITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	FIRST PERS	SONAL NAME JANCING STATE ers timber to be	MENT:		POSTAL CODE	COUNTR
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