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)			
1789 90932 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon			
	(Klamath)			
		THE ABOVE SPACE I	S FOR FILING OFFICE U	SE ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b name will not fit in line 1b, leave all of item 1 blank, check here				
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME Hall	FIRST PERSONAL NAME Kody	E ADD	DITIONAL NAME(S)/INITIAL(S	S) SUFFIX
1c. MAILING ADDRESS 4742 Shasta Way	CITY Klamath Falls		POSTAL CODE 97603	COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME OR	and provide the Individual Debtor inform		<u> </u>	,
26. INDIVIDUAL'S SURNAME Hall	FIRST PERSONAL NAME Rhonda	ADI E	DITIONAL NAME(S)/INITIAL(S	S) SUFFIX
2c. MAILING ADDRESS 4742 Shasta Way	сітч Klamath Falls		POSTAL CODE 97603	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECURED PARTY): Provide onl	y <u>one</u> Secured Party name (3a	or 3b)	
3a. ORGANIZATION'S NAME Community 1st Cred	it Union			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITIONAL NAME(S)/INITIAL(S	S) SUFFIX
3c. MAILING ADDRESS 929 Eastside Street SE	сітү Olympia		ATE POSTAL CODE /A 98501	COUNTRY
4. COLLATERAL: This financing statement covers the following Perfection PMSI In Fixture. All Solar equiposition components installed at 4742 Shasta Way Address: 4742 Shasta Way, Klamath Falls TRACTS, according to the official plat the Complete Legal Description refer to Sale	y Klamath Falls, OR 97603 s, OR 97603 Abbreviated Le reof on file in the office of th	Parcel:R514740 Alegal Description:Tra egal Description:Tra ne County Clerk of I	t Parcel:3909E02E act No. 64 of PLEA	3A03900 Situs SANT HOME

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:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

1789 90932

2020-003142

03/13/2020 08:42:57 AM

Fee: \$87.00

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

D-C	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if cause Individual Debtor name did not fit, check here	line 1b was left blank				
_	a. ORGANIZATION'S NAME					
20						
- 1	b. INDIVIDUAL'S SURNAME Hall FIRST PERSONAL NAME					
-	Kody ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
	J		THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or o not omit, modify, or abbreviate any part of the Debtor's name) and enter the m		line 1b or 2b of the Fi	nancing S	statement (Form UCC1) (us	e exact, full name
-	0a. ORGANIZATION'S NAME					
OR -	0b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
0c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
R ŀ	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c.	WAILING ADDRESS	СІТУ		STATE	POSTAL CODE	COUNTRY
11c.	MAILING ADDRESS DDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY		STATE	POSTAL CODE	COUNTRY
11c.		14. This FINANCING STATE				
3. [i 5. N KO Rh 474	DDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the		cut covers as-e : n Fixture. All Solete Solar sys shasta Way Kl	solar e solar e stem a amath	collateral is filed as quipment includir and all of its comp	a fixture filing ng but not onents