UCC FINANCING STATEMENT				Fee: \$92.00	
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)					
1792 40545	\neg				
CSC	ı				
801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	In: Oregon				
	(Klamath)	THE ABOVE SDA	CE IS EC	R FILING OFFICE USE	ANI V
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name: do not omit.				
		or information in item 10 of the Fir			
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	EIDOT BEDOOM	NI NIANE	LADDITIO	NAL NAME(S)/INITIAL(S)	Toursey
Northrup	Michael	AL NAME	D	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3941 Barry Ave	CITY		STATE	POSTAL CODE	COUNTRY
oo II Bally 7.00	Klamath Fa	alls	OR	97603	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME		modify, or abbreviate any part of or information in item 10 of the Fir			
OP					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
Northrup	Larissa		S	POSTAL CODE	OOUNTDY
2c. MAILING ADDRESS 3941 Barry Ave	Klamath Fa	alls	OR	97603	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	JRED PARTY): Pro	vide only <u>one</u> Secured Party name	e (3a or 3b))	
3a. ORGANIZATION'S NAME Community 1st Credit Union					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				, , , , ,	
3c. MAILING ADDRESS PO Box 870	сіту DuPont		STATE WA	POSTAL CODE 98327	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: Perfection PMSI In Fixture. All Solar equipment inclu	ıdina but no	t limited to the comple	ete So	lar system and all	of its
components installed at 3941 Barry Ave Klamath Fa	ılls, OR 976	03 Parcel:R547046 A	lt Parc	el:3909E10DD036	300 Situs
Address:3941 Barry Ave, Klamath Falls, OR 97603					according
to the official plat thereof on file in the office of the C					
39S-9E-10-SE-SE For Complete Legal Description	refer to Sale	Instrument #2018-01	10975	Date:09/10/2018	
5. Check only if applicable and check only one box: Collateral is held in a Trust	(see UCC1Ad, item	17 and Instructions) being	administe	red by a Decedent's Persona	l Representative
0 2: : : : : : : : : : : : : : : : : : :					

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

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:

1792 40545

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

2020-003346

03/18/2020 08:10:21 AM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	f line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR					
9b. INDIVIDUAL'S SURNAME					
Northrup FIRST PERSONAL NAME					
Michael					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
D		THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m					
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 ASSIGN 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME	OR SECURED PARTY	3 NAME. Provide o		NAL 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 STATE		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): Michael D Northrup Larissa S Northrup 3941 Barry Ave Klamath Falls, OR 97603	covers timber to be 16. Description of real estate Perfection PMSI In limited to the comp installed at 3941 E Parcel:R547046 A Barry Ave, Klamat Description: Lot 23 thereof on file in th Oregon. Map Coo Description refer to	ri Fixture. All Solete Solar system Ave Klandt Parcel: 3909 h Falls, OR 973, DEBIRK HOTE of the rd: 39S-9E-10	Solar e stem a nath F 0E10D 7603 A 0MES, c Coun	quipment including and all of its composalls, OR 97603 D03600 Situs Adda Abbreviated Legal according to the aty Clerk of Klama	g but not onents dress:3941 official plat th County,
17. MISCELLANEOUS:	•				

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
R DL INDIVIDUALIS SUDNAMS				
8 9ь. INDIVIDUAL'S SURNAME Northrup				
FIRST PERSONAL NAME Michael				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
D. DEBTOR'S NAME: Provide (10a or 10b) only one additional		THE ABOVE SPACE I		
do not omit, modify, or abbreviate any part of the Debtor's name 10a. ORGANIZATION'S NAME				
R 10b. INDIVIDUAL'S SURNAME				
TOD. INDIVIDUAL 3 SURVAINE				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S NA	ME: Provide only <u>one</u> na	ame (11a or 11b)	
R ANDINITORIAL IS SUIDMANTS		ABBITIO) Journa
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
c. MAILING ADDRESS	FIRST PERSONAL NAME	STATE	POSTAL CODE	
c. MAILING ADDRESS				COUNTRY
11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 3. I This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	recorded) in the 14. This FINANCING STATEMENT	STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	recorded) in the 14. This FINANCING STATEMENT Covers timber to be cut	STATE	POSTAL CODE	
c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 3. This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate describ	recorded) in the 14. This FINANCING STATEMENT covers timber to be cut ed in item 16 16. Description of real estate:	STATE	POSTAL CODE	COUNTR