A NAME & PROVIDED GROUTACT AT FILER (optional) C.S. C. 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) C.S. SEND ACKNOWLED DIMENT TO: (Name and Address) [737 91615] C.S. SEND ACKNOWLED DIMENT TO: (Name and Address) [737 91615] C.S. SEND ACKNOWLED DIMENT TO: (Name and Address) [737 91615] C.S. SEND ACKNOWLED DIMENT TO: (Name and Address) [737 91615] C.S. SEND ACKNOWLED DIMENT TO: (Name and Address) [737 91615] C.S. SEND ACKNOWLED DIMENT TO: (Name and Address) [737 91615] C.S. SEND ACKNOWLED DIMENT TO: (Name and Address) [737 91615] THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Powde only case Device name (1s or 1th insee add. Cut in mine; to ori only, node, or addressed any part of the Petitor in mine); france part of the Individual Device name will not it in the Tile. Sense all of liter 1 beats, check here and provide the Individual Device name will not it in the Tile. Sense all of liter 1 beats, check here and provide the Individual Device name in the Individual Device name will not it in the Tile. Sense all of liters 1 beats, check here and provide the Individual Device name in the Individual Device name will not it in the Tile. Sense all of liters 2 sense all of l	UCC FINANCING STATEMENT			Fee: \$87.00	
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SPRFIIIng@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) [1787 91619 CSC 601 Addal Stevenson Drive Springfield, It. 62703 Filed In: Oregon (Klamath) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1s or 1st) tuse exact, full name; do not crall, motify, or abbreviate any part of the patient in foundation of the planning of the planning in the part of the patient in foundation of the planning in the part of the patient in foundation of the planning in the part of the patient in foundation of the planning in the part of the patient in foundation of the planning in the part of the patient in foundation of the planning in the patient in foundation in the patient in foundation of the planning in the patient in foundation of the patient in foundation of the planning in foundation of the planning in foundation of the planning in foundation of the patien					
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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:

Non-UCC Filing

Licensee/Licensor

2020-003707

03/30/2020 08:05:45 AM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
 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					
Barnes					
FIRST PERSONAL NAME					
James	T				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE	CD 4 CE	10 FOR FILING OFFICE	LICE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the name. 				IS FOR FILING OFFICE Statement (Form UCC1) (use	
10a. ORGANIZATION'S NAME					
DR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
0c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	S NAME: Dravida a	nlu ana ni	(11a or 11b)	
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2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			I		
2 This CINANCING STATEMENT is to be filed fee yeard! (as yearded) in the	44 This FINANCING CTATE	MENT.			
 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 	covers timber to be cut covers as-extracted collateral visible is filed as a fixture filing				
5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate				
James W Barnes III	Perfection PMSI Ir				
Chrystalynn D Barnes	limited to the complete Solar system and all of its components installed at 3127 Barnes Way Klamath Falls, OR 97603 Parcel:				
3127 Barnes Way	R879803 Alt Parce				
Klamath Falls, OR 97603	Way, Klamath Fall				
	20 in Tract 1300, k	•		•	•
	plat thereof on file				
	County, Oregon. F				
	Instrument #2018-				
7. MISCELLANEOUS:					