2020-004795

Klamath County, Oregon

04/15/2020 08:32:36 AM

Fee: \$92.00

	C FINANCING STAT	EMEN	г							
	IAME & PHONE OF CONTACT A	AT FILER (d	optional)		1					
	-MAIL CONTACT AT FILER (opt SPRFiling@cscglobal.co									
C. S	END ACKNOWLEDGMENT TO:	(Name a	nd Address)							
8	301 Adlai Stevenson Drive Springfield, IL 62703		File	ed In: Oregon (Klamath)						
4 D	ERTORIO NAME: R	5.11	4 4154			HE ABOVE				
	EBTOR'S NAME: Provide only <u>or</u> ime will not fit in line 1b, leave all of it			ill name; do not omit, e the Individual Debt						
1	a. ORGANIZATION'S NAME									
	ib. INDIVIDUAL'S SURNAME Honeycutt			FIRST PERSON, Jennifer	AL NAME		ADD:	ITIONAL NAMI	E(S)/INITIAL(S) SUFFIX
	MAILING ADDRESS 406 Sunris	e St		CITY Midland			STAT			COUNTRY
2. D	EBTOR'S NAME: Provide only or	ne Debtor na	me (2a or 2b) (use exact, fu	Il name: do not omit.	modify, or ab	breviate any p	art of the De	btor's name):	if any part of t	the Individual Debtor's
	me will not fit in line 2b, leave all of it			e the Individual Debi						
2	2a. ORGANIZATION'S NAME									
OR -	DI MIDINI DI LA LO CUENTAME			TEIDOT BEDOON	A		I A D D	ITIONIAL NIAMI	E/OV/INITIAL/	O) JOHESIY
	2b. INDIVIDUAL'S SURNAME Honeycutt			FIRST PERSON. David	AL NAME		P	ITIONAL NAMI	E(S)/INITIAL(S) SUFFIX
	MAILING ADDRESS 406 Sunris	e St		CITY			STA			COUNTRY
				Midland			OF	₹ 9763	4	USA
	ECURED PARTY'S NAME (or			CURED PARTY): Pro	ovide only <u>one</u>	Secured Party	y name (3a d	or 3b)		
	3a. ORGANIZATION'S NAME Com	munity 1	Ist Credit Union							
OR 3	Bb. INDIVIDUAL'S SURNAME			FIRST PERSON	AL NAME		ADD	ITIONAL NAMI	E(S)/INITIAL(S) SUFFIX
3c. N	MAILING ADDRESS PO Box 87	0		сіту DuPont			STAT			COUNTRY
Sc 39 the AN TH OF RE 10	DLATERAL: This financing statemerfection Purchase Mon- olar system and all of its 108E36DA04100 Situs A the Town of Midland in the ND THE WESTERLY 94 HE OFFICIAL PLAT THI REGON, ALSO THAT F ECORDED IN VOLUME OFFICIAL PET TO SECTIPTION FEET TO SAIR I	compoint com	nents installed at: 408 Sunrise St, I y of Klamath in th OF LOT 1 IN THE ON FILE IN THE N OF VACATED PAGE 2111 MICR ORTHERLY LINE	406 Sunrise Midland, OR e State of OF E BLOCK 39 OFFICE OF MAIN STREE OFILM RECO OF THE ABO	St Midlar 97634 A R. LOTS OF FIRS THE CO ET AS DI ORDS O OVE DE	nd, OR 9 bbreviate 2,3,4 AN T ADDIT DUNTY CI ESCRIBE F KLAMA	7634 Pa ed Legal D THE TON TO LERK C ED IN O ATH CO	arcel: R50 Descript EASTER MIDLAN DE KLAM RDER TO UNTY, O	D2860 Al tion: Lan LY 12 FE ID, ACC ATH CO D VACA PREGON	t Parcel: d situated in EET OF LOT 5 ORDING TO UNTY, TE I, AND BEING
5. Ch	eck <u>only</u> if applicable and check <u>only</u>	one box: Co	llateral is held in a Trus	st (see UCC1Ad, iten	1 17 and Instri	uctions)	being admir	nistered by a F	ecedent's Pa	rsonal Representative
	check <u>only</u> if applicable and check <u>only</u> Check <u>only</u> if applicable and check <u>onl</u> y			,oco oco iAu, iteli	and motif			only if applicable		•
	Public-Finance Transaction	Manufa	ctured-Home Transaction	A Debtor is	a Transmitting	g Utility	Ag	ricultural Lien	Non-	UCC Filing
7. AL	TERNATIVE DESIGNATION (if applic	cable):	Lessee/Lessor	Consignee/Consig	nor	Seller/Buye	r	Bailee/Bailor		Licensee/Licensor
8. OF	PTIONAL FILER REFERENCE D	ATA:								1804 09412

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here	if line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR					
96. INDIVIDUAL'S SURNAME					
Honeycutt FIRST PERSONAL NAME					
Jennifer					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
S		THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
10. 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 r		line 1b or 2b of the Fi	nancing S	Statement (Form UCC1) (use	exact, full name;
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	FIRST PERSONAL NAME			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)			vytraatad .	colleteral V is filed as a	fivture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Jennifer S Honeycutt David P Honeycutt 406 Sunrise St Midland, OR 97634	covers timber to be. 16. Description of real estate Perfection Purcha equipment includir and all of its comp 97634 Parcel: R50 Address: 408 Sun Description: Land Klamath in the Sta FEET OF LOT 5 A THE BLOCK 39 O	se Money Sec ng but not limit onents installe 02860 Alt Parc rise St, Midlan situated in the ate of OR. LOT	curity I ted to ed at 4 cel: 39 id, OR e Towr SS 2,3	nterest In Fixture. the complete Sola 106 Sunrise St Mic 08E36DA04100 S 1 97634 Abbreviate n of Midland in the 1,4 AND THE EAS 1 Y 94 FEET OF LO	All Solar ar system alland, OR situs and Legal County of TERLY 12
17. MISCELLANEOUS:	1				

UCC FINANCING STATEMENT ADDENDUM

1 1					
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
Honeycutt					
FIRST PERSONAL NAME Jennifer					
ADDITIONAL NAME(S)/INITIAL(S)	Isuffix				
S	SOFFIX				
D. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name o	r Dahtar name that did not fit in			totament (Form LICC1) (u	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r		lille 1b of 2b of the Fi	nancing s	natement (Form OCCT) (u	se exact, iuii nan
10a. ORGANIZATION'S NAME					
R 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
ic. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	S NAME: Provide o	nly one na	me (11a or 11b)	
11a. ORGANIZATION'S NAME	<u> </u>	9 10 1112. 1 1011000	y <u>oo</u>	(114 61 115)	
R					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
: ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE				a fixture filing