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)					
1844 96392					
CSC 801 Adlai Stevenson Drive					
Springfield, IL 62703	Filed In: Oregon				
	(Klamath)	TUE 4 DOVE OD 4	.= =.	5 511 1110 055105 1105	6111 1 <i>c</i>
4 DEDTODIC NAME OF THE OWNER				R FILING OFFICE USE	
 DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 		modify, or abbreviate any part of t or information in item 10 of the Fina			
1a. ORGANIZATION'S NAME					
Ta. STOANIZATION O NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	INAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			E		I
Holster	Susan		E		
	CITY		STATE OR	POSTAL CODE 97624	COUNTRY
Holster 1c. MAILING ADDRESS 38201 Chiloquin Ridge Rd	Chiloquin		STATE	97624	USA
Holster 1c. MAILING ADDRESS 38201 Chiloquin Ridge Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use expressions)	CITY Chiloquin xact, full name; do not omit,	modify, or abbreviate any part of tl	STATE OR he Debtor	97624 's name); if any part of the I	USA
Holster 1c. MAILING ADDRESS 38201 Chiloquin Ridge Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ename will not fit in line 2b, leave all of item 2 blank, check here and	CITY Chiloquin xact, full name; do not omit,		STATE OR he Debtor	97624 's name); if any part of the I	USA
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Solar system and all of its components installed at 38201 Chiloquin Ridge Rd Chiloquin, OR 97624 Parcel: R-3507-00200-00200-000 Alt Parcel: R600870;R218482 Situs Address: 38201 Chiloquin Ridge Rd, Chiloquin, OR 97624 Abbreviated Legal Description: Twp 35 Rnge 7, Block Sec 1 2, Tract Por, Acres 3.00 For Complete Legal Description refer to Sale Instrument #2018-004609 Date: 04/17/2018

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
	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	/er Bailee/Bailor Licensee/Licensor
O OPTIONAL FILED DEFEDENCE DATA.	

8. OPTIONAL FILER REFERENCE DATA:

1844 96392

2020-006788

06/03/2020 09:24:05 AM

Fee: \$87.00

Klamath County, Oregon

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							
9b. INDIVIDUAL'S SURNAME Holster							
FIRST PERSONAL NAME							
Susan							
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX						
E		1	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		fit in line 1t	o or 2b of the Fi	nancing S	Statement (Form UCC1) (use	exact, full name	
10a. ORGANIZATION'S NAME	maining address in line 100						
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	IOR SECURED PAR	TY'S NA	ME: Provide o	nly <u>one</u> na	ame (11a or 11b)		
OR 11b. INDIVIDUAL'S SURNAME	FIRST REPOSITAL NAME			ADDITIO	NIAL NIAME(O)(INITIAL(O)	LOUISEN	
TID. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	=		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STA	ATEMENT:					
REAL ESTATE RECORDS (if applicable)	covers timber to		covers as-e	xtracted	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):	16. Description of real es		Money Se	curity	Interest - In Fixtur	e All Sola	
Susan E Holster Charlie D Holster					the complete Sola		
38201 Chiloquin Ridge Rd					88201 Chiloquin R		
Chiloquin, OR 97624	Chiloquin, OR 97624 Parcel: R-3507-00200-00200-000 Alt Parcel R600870;R218482 Situs Address: 38201 Chiloquin Ridge Rd,						
					201 Chiloquin Ridç al Description: Tw		
					0 For Complete L		
	Description refe				2018-004609 Date		
	04/17/2018						
17. MISCELLANEOUS:	•						