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)					
1886 33778	\neg				
CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon (Klamath)				
 	` <u></u> _	THE ABOVE SPAC	E IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us name will not fit in line 1b, leave all of item 1 blank, check here	se exact, full name; do not omit, modify, or at and provide the Individual Debtor information				
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME Culp	FIRST PERSONAL NAME Darrin		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 2727 Front Street	CITY Klamath Falls		STATE	POSTAL CODE 97601	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here	se exact, full name; do not omit, modify, or at and provide the Individual Debtor information				
2a. ORGANIZATION'S NAME					
2b. INDIVIDUAL'S SURNAME Rainwater	FIRST PERSONAL NAME Jordan		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS 2727 Front Street	сіту Klamath Falls		STATE OR	POSTAL CODE 97601	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME COmmunity 1st Credit U	GNOR SECURED PARTY): Provide only one	e Secured Party name	(3a or 3b))	
OB		I			Toursey.
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870	CITY DuPont		STATE WA	POSTAL CODE 98327	COUNTRY
4. COLLATERAL: This financing statement covers the following colla Perfection: Purchase Money Security Interest Solar system and all of its components insta					complete

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	er Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA:	

Description refer to Sale Instrument #2013-004370 Sale Date: 04/19/2013 Rec Date: 04/24/2013

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2020-008012

06/30/2020 03:32:50 PM

Fee: \$87.00

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

9. N	LOW INSTRUCTIONS AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	line 1b was left blank				
_	ecause Individual Debtor name did not fit, check here					
- 1	9b. INDIVIDUAL'S SURNAME CUIP FIRST PERSONAL NAME					
	Darrin ADDITIONAL NAME(S)/INITIAL(S)	Isuffix				
	A		THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY
	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or to not omit, modify, or abbreviate any part of the Debtor's name) and enter the m		line 1b or 2b of the Fi	inancing S	statement (Form UCC1) (use	e 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
	11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
12. A	DDITIONAL 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		pytroctod	collateral [v] is filed as a	a fixtura filing