UCC FINANCING STATEMENT			Fee: \$87.00	
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)				
1930 11226	\neg l			
CSC	1			
801 Adlai Stevenson Drive				
Springfield, IL 62703	Filed In: Oregon			
	(Klamath)			
1 DERTOP'S NAME: Dravide calvings Debter name (10 or 1h) (10			FOR FILING OFFICE US	
1. 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	e exact, full hame; do not omit, modify, or abb and provide the Individual Debtor information			
1a. ORGANIZATION'S NAME				
OD.				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	_	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
Stroh	Jason	D		
1c. MAILING ADDRESS 6805 Airway Dr	сіту Klamath Falls	STA Of		COUNTRY
	Mamauri alis		(97003	004
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use				
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor information	in item 10 of the Financia	g Statement Addendum (Form	OCCTAd)
Za. ONGANIZATION S NAIVIE				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
Stroh	Myra		, , , , ,	
2c. MAILING ADDRESS 6805 Airway Dr	CITY	STA		COUNTRY
·	Klamath Falls	0	R 97603	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	NOR SECURED PARTY): Provide only one	Secured Party name (3a	or 3b)	
3a. ORGANIZATION'S NAME Community 1st Credit U	nion			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	1400	ITIONIAL NIAME/CV/MITIAL/CV	SUFFIX
3b. HADIVIDUAL 3 SUNNAIVIE	FIRST FERSONAL NAME	L NAME ADDITIONAL NAME(S)/INITIAL		SOFFIX
3c. MAILING ADDRESS PO Box 870	CITY	STA	TE POSTAL CODE	COUNTRY
	DuPont	W.		USA
4. COLLATERAL: This financing statement covers the following collate Perfection: Purchase Money Security Interest Solar system and all of its components instal R-3909-01300-01400-000 Alt Parcel: R5676 Legal Description: Twp 39 Rnge 9, Block Security Sale Instrument #2017-005390 Date: 05/16/2	led at 6805 Airway Dr Klama 02 Situs Address: 6805 Airw c 13, Tract Por S2sw4, Acre	ath Falls, OR 97 ay Dr, Klamath	603 Parcel: Falls, OR 97603 Al	obreviated
5. Check only if applicable and check only one box: Collateral is held	11. T. 17. 11004513. 47. 14.	🗆		

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

6a. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

6b. Check only if applicable and check only one box:

Agricultural Lien

Bailee/Bailor

Non-UCC Filing

Licensee/Licensor

2020-008921

07/21/2020 12:24:49 PM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

F	OLLOW	INSTRUCTIONS	

9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
Stroh						
FIRST PERSONAL NAME						
Jason ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
D			THE ABOVE	SPACE	IS FOR FILING OFFIC	E USE ONLY
. 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 name of 10a. ORGANIZATION'S NAME			line 1b or 2b of the	Financing S	statement (Form UCC1) (use exact, full na
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
L. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECUI	RED PARTY	S NAME: Provide	only <u>one</u> na	Imme (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PER:	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
. MAILING ADDRESS . ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY			STATE	POSTAL CODE	COUNTRY
	CITY			STATE	POSTAL CODE	COUNTRY
	СІТУ			STATE	POSTAL CODE	COUNTRY
	СІТУ			STATE	POSTAL CODE	COUNTRY
	СІТУ			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	14. This FIN	IANCING STATE				
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. ADDITIONAL SPACE FOR ITEM 4 (Collateral): . This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) . Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): ason D Stroh Myra Stroh 805 Airway Dr	14. This FIN cov. 16. Descrip Perfecti equipment and all cov. OR 976 Situs Ac Abbrevi Por S2s	ers timber to be dion of real estate on: Purcha ent includir of its comp 03 Parcel: ddress: 680 ated Legal ew4, Acres	cut covers as: use Money Song but not limonents instal R-3909-0130 Description:	ecurity ited to led at 6 00-0140 , Klama Twp 30 mplete	Interest - In Fixt the complete So 3805 Airway Dr I 30-000 Alt Parco th Falls, OR 97 9 Rnge 9, Block Legal Description	s a fixture filing ure. All So blar system Klamath Fa el: R56760 603 Sec 13, Ti