

2020-009979**Klamath County, Oregon****08/12/2020 10:37:12 AM****Fee: \$87.00****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)

1956 67722

CSC
801 Adlai Stevenson Drive
Springfield, IL 62703Filed In: Oregon
(Klamath)**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1. **DEBTOR'S NAME:** Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S SURNAME

Goodwin

FIRST PERSONAL NAME

Brigitte

ADDITIONAL NAME(S)/INITIAL(S)

D

SUFFIX

1c. MAILING ADDRESS 2630 Frontage Rd

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

2. **DEBTOR'S NAME:** Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's 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 Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S SURNAME

Kison

FIRST PERSONAL NAME

Gunter

ADDITIONAL NAME(S)/INITIAL(S)

A

SUFFIX

2c. MAILING ADDRESS 2630 Frontage Rd

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Community 1st Credit Union

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS PO Box 870

CITY

DuPont

STATE

WA

POSTAL CODE

98327

COUNTRY

USA

4. **COLLATERAL:** This financing statement covers the following collateral:

Perfection: Purchase Money Security Interest - In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 2630 Frontage Rd Klamath Falls, OR 97601 Parcel: R533701 Alt Parcel: 3909E05CC00200 Situs Address: 2630 Frontage Rd, Klamath Falls, OR 97601-5519 Abbreviated Legal Description: Twp 39 Rnge 9, Block Sec 5, Tract Por Sw4sw4, Acres 4.00 For Complete Legal Description refer to Sale Instrument #2019.5903 Sale Date: 05/23/2019 Rec Date: 05/28/2019

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

1956 67722

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

Goodwin

FIRST PERSONAL NAME

Brigitte

ADDITIONAL NAME(S)/INITIAL(S)

D

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL 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)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted 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):

Brigitte D Goodwin

Gunter A Kison

2630 Frontage Rd

Klamath Falls, OR 97601

16. Description of real estate:

Perfection: Purchase Money Security Interest - In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 2630 Frontage Rd Klamath Falls, OR 97601 Parcel: R533701 Alt Parcel: 3909E05CC00200 Situs Address: 2630 Frontage Rd, Klamath Falls, OR 97601-5519 Abbreviated Legal Description: Twp 39 Rnge 9, Block Sec 5, Tract Por Sw4sw4, Acres 4.00 For Complete Legal Description refer to Sale Instrument #2019.5903 Sale Date: 05/23/2019 Rec Date: 05/28/2019

17. MISCELLANEOUS: