UCC FINANCING STATEMENT			08/12/2020 10:37:12 <i>F</i> Fee: \$87.00	M
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 Addres	es)			
1956 67722			4	
CSC CSC	I			
801 Adlai Stevenson Drive				
Springfield, IL 62703	Filed In: Oregon		_ /	
	(Klamath)	THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONI V
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1		modify, or abbreviate any part of the De	btor's name); if any part of the Ir	ndividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME	and provide the Individual Debto	or information in item 10 of the Financing	Statement Addendum (Form U	CC1Ad)
OR				
15. INDIVIDUAL'S SURNAME Goodwin	FIRST PERSONA	L NAME ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 2630 Frontage Rd	Brigitte	STAT	E POSTAL CODE	COUNTRY
NALLING ABSTREES 2030 Frontage Nu	Klamath Fa		· ·	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here		modify, or abbreviate any part of the De or information in item 10 of the Financing		
2a. ORGANIZATION'S NAME	and provide the individual Debit	of information in item 10 of the Financing	Glatement Addendam (Form C	
	_ , _ ,			
OR 2b. INDIVIDUAL'S SURNAME Kison	FIRST PERSONA Gunter	A ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 2630 Frontage Rd	CITY	STAT		COUNTRY
	Klamath Fa	alls OF	97601	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME Community 1st Cred	ASSIGNOR SECURED PARTY): Pro	vide only <u>one</u> Secured Party name (3a c	r 3b)	
Sale Should be the Community 1st Cred	ait Onion		, -	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870	DuPont	STAT WA		USA
4. COLLATERAL: This financing statement covers the following Perfection: Purchase Money Security Int	collateral:	lar aquipment including h	ut not limited to the	oomploto
Solar system and all of its components in				
Parcel: 3909E05CC00200 Situs Address				
Description: Twp 39 Rnge 9, Block Sec 5	5, Tract Por Sw4sw4, Ad	cres 4.00 For Complete L		
Instrument #2019.5903 Sale Date: 05/23	3/2019 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 admir	istered by a Decedent's Person	al Representative

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Agricultural Lien

Bailee/Bailor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Non-UCC Filing

Licensee/Licensor

2020-009979

Klamath County, Oregon

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						
			4			
OR 9b. INDIVIDUAL'S SURNAME						
Goodwin						
FIRST PERSONAL NAME						
Brigitte Additional NAME(S)/INITIAL(S)	SUFFIX					
D	SOFFIX	· •				
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name	or Debtor name that did not fit in		ACE IS FOR FILING OFFIC			
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		Tillie TD OI 2D OI the Fillal	ncing Statement (Form OCC1) (u	se exact, full flame,		
10a. ORGANIZATION'S NAME	/	~ /				
OR 10b. INDIVIDUAL'S SURNAME			-			
INDIVIDUAL'S FIRST PERSONAL NAME	27.7					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		-	- 1	SUFFIX		
10c. MAILING ADDRESS	CITY	ST	FATE POSTAL CODE	COUNTRY		
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	'S NAME: Provide only	one name (11a or 11b)			
11a. ORGANIZATION'S NAME)	./~				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
11c. MAILING ADDRESS	CITY	Sī	FATE POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 				G		
15. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be		racted collateral	a fixture filing		
(if Debtor does not have a record interest): Brigitte D Goodwin	Perfection: Purchase Money Security Interest - In Fixture. All Solar					
Gunter A Kison			d to the complete So			
2630 Frontage Rd	and all of its components installed at 2630 Frontage Rd Klamath					
Klamath Falls, OR 97601	math Falls, OR 97601 Falls, OR 97601 Parcel: R533701 Alt Parcel: 3909E05CC					
			, Klamath Falls, OR 9			
	Por Sw4sw4, Acre Sale Instrument #	es 4.00 For Com	vp 39 Rnge 9, Block iplete Legal Descript Date: 05/23/2019 Re	ion refer to		
	05/28/2019					
17. MISCELLANEOUS:						