UCC FINANCING STATEMENT			Fee: \$92.00	
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)	1			
1972 52443 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon (Klamath)			
 	(Namain)	THE ABOVE SPACE IS I	FOR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME			tor's name); if any part of the I	ndividual Debtor's
OR				
1b. INDIVIDUAL'S SURNAME Farmer-Browder	FIRST PERSONAL Tamera	NAME ADDIT	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS 6623 Verda Vista Dr	сіту Klamath Fa	lls STATE OR	POSTAL CODE 97603	COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	and provide the Individual Debtor	r information in item 10 of the Financing . NAME ADDIT	Statement Addendum (Form U	CC1Ad)
Browder	Philip	F	,,,,,,,	
2c. MAILING ADDRESS 6623 Verda Vista Dr	сіту Klamath Fa	lls STATE OR		COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a. ORGANIZATION'S NAME Community 1st Credi	SSIGNOR SECURED PARTY): Prov t Union	ide only <u>one</u> Secured Party name (3a or	3b)	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	. NAME ADDIT	ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS PO Box 870	DuPont	STATE WA		COUNTRY
4. COLLATERAL: This financing statement covers the following of Perfection: Purchase Money Security Inte Solar system and all of its components ins R-3909-012DC-00400-000 Alt Parcel: R56 Abbreviated Legal Description: Lot 2 in Bl to the official plat thereof on file in the offic Description refer to Sale Instrument #2019	stalled at 6623 Verda V 67210 Situs Address: 6 ock 24 of TRACT 1127 ce of the County Clerk o	ista Dr Klamath Falls, OF 623 Verda Vista Dr Klam , NINTH ADDITION TO S of Klamath County, Orego	R 97603 Parcel: ath Falls, OR 9760 SUNSET VILLAGE,	3 according
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is	held in a Trust (see UCC1Ad, item	17 and Instructions) being admini	stered by a Decedent's Person	al Representative
6a. Check only if applicable and check only one box:	, , , , , , , , , , , , , , , , , , , ,		ly if applicable and check only	

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

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

2020-010775

08/27/2020 02:03:00 PM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fin because Individual Debtor name did not fit, check here	ianomy otatement; it line 1b was	ieit Dialik				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
Farmer-Browder FIRST PERSONAL NAME						
Tamera						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
R			THE ABOVE	SPACE	IS FOR FILING OFFIC	E USE ONLY
. DEBTOR'S NAME: Provide (10a or 10b) only one additide on onto omit, modify, or abbreviate any part of the Debtor's na			line 1b or 2b of the F	inancing S	Statement (Form UCC1) (u	se exact, full na
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME			S NAME: Provide o			OUEEN
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS		JRED PARTY'	S NAME: Provide o		onal name(s)/initial(s)	SUFFIX
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PER		S NAME: Provide o	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	(or recorded) in the 14. This FI	RSONAL NAME	MENT:	STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate description.	(or recorded) in the 14. This FI co	NANCING STATE evers timber to be option of real estate	MENT: cut covers as-	STATE	DNAL NAME(S)/INITIAL(S)	COUNTR'
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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank			
9a. ORGANIZATION'S NAME				
R OL INDIVIDUALIS CUDIAMS				
9ь. INDIVIDUAL'S SURNAME Farmer-Browder				
FIRST PERSONAL NAME Tamera				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
R	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
. 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		n line 1b or 2b of the Financii	ng Statement (Form UCC1) (use exact, full nar
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSIGN 11a. ORGANIZATION'S NAME	OR SECURED PARTY	'S NAME: Provide only on	e name (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME		TIONAL NAME(S)/INITIAL	(S) SUFFIX
. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	2 14. This FINANCING STATE covers timber to be			
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 estate Sale Instrument #	e:		as a fixture filling