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)				
1976 53194	$\neg 1$			
csc	' 			
801 Adlai Stevenson Drive Springfield, IL 62703	F" 11 0			
I	Filed In: Oregon (Klamath)			
 	` <u></u>	HE ABOVE SPACE I	S FOR FILING OFFICE US	E ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use				
	and provide the Individual Debtor information i	n item 10 of the Financi	ng Statement Addendum (Form	UCC1Ad)
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
Squires	Nathan	D		
1c. MAILING ADDRESS 5737 Judy Ct	CITY		ATE POSTAL CODE	COUNTRY
	Klamath Falls	0	R 97603	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use	e exact, full name; do not omit, modify, or abb			
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the individual Debtor information i	il item 10 or the Financi	ng Statement Addendum (Form	TOCCTAG)
28. ONGANIZATION O MAIVIL				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
Squires	Amy	V		
2c. MAILING ADDRESS 5737 Judy Ct	сітү Klamath Falls		ATE POSTAL CODE	COUNTRY
				004
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME Community 1st Credit U		Secured Party name (3a	or 3b)	
	THOT			
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	RST PERSONAL NAME ADDITION.		SUFFIX
3c. MAILING ADDRESS PO Box 870	DuPont		ATE POSTAL CODE VA 98327	COUNTRY
4. COLLATERAL: This financing statement covers the following collate Perfection: Purchase Money Security Interes	eral: t - In Fixture. 1 LG Chem ba	ttery and all So	lar equipment inclu	ding but not
limited to the complete Solar system and all	of its components installed a	t 5737 Judy Ct	Klamath Falls, OR	97603
Parcel: R-3909-013BB-06900-000 Alt Parcel				
Abbreviated Legal Description: LOT 17 IN BL ACCORDING TO THE OFFICIAL PLAT THE				
COUNTY, OREGON. For Complete Legal Do				
COOM 1, CRECON. For Complete Logar Br	socipation refer to Gale mand	1111011t #2020 0t	71+00 Date. 02/00/2	.020

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

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

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

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

Manufactured-Home Transaction

Lessee/Lessor

1976 53194

being administered by a Decedent's Personal Representative

Non-UCC Filing

Licensee/Licensor

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

Agricultural Lien

Bailee/Bailor

2020-010923

08/31/2020 12:13:00 PM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

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ADDITION TO FERNDALE, ACCORDING TO THE OFFICE									
PLAT THEREOF ON FILE IN THE OFFICE OF THE COU									
17. MISCELLANEOUS:							7. MISCELLANEOUS:		

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	nt; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
R OF INDIVIDUALIS SUBMANE				
Squires				
FIRST PERSONAL NAME Nathan				
ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nam do not omit, modify, or abbreviate any part of the Debtor's name) and enter the 		line 1b or 2b of the Financing	Statement (Form UCC1) (use exact, full nar
10a. ORGANIZATION'S NAME				
R 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
Dc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SECURED PARTY'S NAME or ASSIGNATION ASSIG	GNOR SECURED PARTY	S NAME: Provide only <u>one</u> r	ame (11a or 11b)	
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	the last the Figure Court	ANEAUT.		
B. This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	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): 	CLERK OF KLAM	e: ATH COUNTY, OR o Sale Instrument #		