

2020-011853

Klamath County, Oregon

09/18/2020 08:17:01 AM

Fee: \$82.00

**UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS**

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Joy Wirsch</b> (509) 327-9634	
B. E-MAIL CONTACT AT FILER (optional) <b>joy.wirsch@covius.com</b>	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"><b>Chronos Mortgage Solutions</b> <b>12410 E. Mirabeau Parkway, Ste 100</b> <b>Spokane Valley, WA 99216</b></div>	

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 <b>LeGault</b>	FIRST PERSONAL NAME <b>Geoff</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>5425 Bel Aire Dr</b>	<b>Klamath Falls</b>	<b>OR</b>	<b>97603</b>	<b>USA</b>

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 <b>Marlott</b>	FIRST PERSONAL NAME <b>Michele</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>5425 Bel Aire Dr</b>	<b>Klamath Falls</b>	<b>OR</b>	<b>97603</b>	<b>USA</b>

3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME

**Puget Sound Cooperative Credit Union**

OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>600 108th Ave NE Suite #1035</b>	<b>Bellevue</b>	<b>WA</b>	<b>98004</b>	<b>USA</b>

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

5. 1KW SOLAR: 16 PANASONIC PANELS, 16 ENPHASE MICRO INVERTERS along with after acquired fixtures pertaining to energy efficiency upgrades at the property located at: 5425 Bel Aire Dr., Klamath Falls, OR 97603 as documented on subsequent loan disbursement form(s).

LEGAL: LOT 6, BLOCK 1, BEL-AIRE GARDENS, SEC 02, T39N, R9E, W.M., IN KLAMATH COUNTY, OREGON

APN R521322

5. Check <u>only</u> if applicable and check <u>only</u> one box. Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA <b>Chronos Tracking #6904452-51966</b> Loan #      SBA Loan #	