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)				
1994 70176 CSC 801 Adlai Stevenson Drive	7			
Commenciald II 62702	In: Oregon			
	(Klamath)	ACE IS FO	OR FILING OFFICE USE O	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide)	name; do not omit, modify, or abbreviate any part the Individual Debtor information in item 10 of the			
1a. ORGANIZATION'S NAME			·	<u> </u>
The Individual's surname Wigen	FIRST PERSONAL NAME Brian	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 438 Fulton St	сіту Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide  2a. ORGANIZATION'S NAME	name; do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the			
OR 2b. INDIVIDUAL'S SURNAME Wigen	FIRST PERSONAL NAME Julee	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS 438 Fulton St	CITY Klamath Falls	STATE	POSTAL CODE 97601	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	IRED PARTY): Provide only one Secured Party na	ıme (3a or 3t	))	
3a. ORGANIZATION'S NAME Community 1st Credit Union				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870	CITY DuPont	STATE WA	POSTAL CODE 98327	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: Perfection: Purchase Money Security Interest - In Fi Solar system and all of its components installed at 5 3909E14DA07400 Situs Address: 5517 Kellal Ln, KI TRACT NO. 1439, PRAIRIE MEADOWS, ACCORD OF THE CLERK OF KLAMATH COUNTY, OREGO! #2007-009785 Date: 05/31/2007	517 Kellal Ln Klamath Falls, OF lamath Falls, OR 97603-9030 A ING TO THE OFFICIAL PLAT 1 N. For Complete Legal Descript	R 97603 bbreviat THEREC ion refe	Parcel: R893653 A red Legal Descripti DF ON FILE IN TH r to Sale Instrumen	Alt Parcel: on: LOT 4 E OFFICE it
5. Check only if applicable and check only one box: Collateral is held in a Trust  6a. Check only if applicable and check only one box:			red by a Decedent's Persona if applicable and check only o	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		tural Lien Non-UCC	

Consignee/Consignor

Bailee/Bailor

Licensee/Licensor

1994 70176

Seller/Buyer

2020-012466

09/29/2020 02:10:00 PM

Klamath County, Oregon

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

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

## **UCC FINANCING STATEMENT ADDENDUM**

	tement; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME  Wigen  FIRST PERSONAL NAME				
Brian  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and en</li> </ol>			CE IS FOR FILING OFI ng Statement (Form UCC1	
10a. ORGANIZATION'S NAME	<del>-</del>			
OR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
Oc. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL	_(S) SUFFIX
1c. MAILING ADDRESS	CITY	STA	FE POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				<u>'</u>
				·
<ol> <li>ADDITIONAL SPACE FOR ITEM 4 (Collateral):</li> <li>This FINANCING STATEMENT is to be filed [for record] (or recorder REAL ESTATE RECORDS (if applicable)</li> </ol>	d) in the 14. This FINANCING STATE		ted collateral <b>☑</b> is file	d as a fixture filing

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME						
R OLINDAYOLA IS SUDNAME						
Wigen						
FIRST PERSONAL NAME Brian						
ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
D. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional D do not omit, modify, or abbreviate any part of the Debtor's name) a			ancing Sta	tement (Form UCC1) (	use exact, full na	
10a. ORGANIZATION'S NAME						
R 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
c. MAILING ADDRESS	CITY	S	STATE F	POSTAL CODE	COUNTRY	
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PA	ARTY'S NAME: Provide only	y <u>one</u> nam	e (11a or 11b)		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME A	ADDITIONA	AL NAME(S)/INITIAL(S	) SUFFIX	
c. MAILING ADDRESS	CITY	S	STATE F	POSTAL CODE	COUNTRY	
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  B.    This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	corded) in the 14. This FINANCING		tracted col	llateral <b>V</b> is filed a	s a fixture filing	
This FINANCING STATEMENT is to be filed [for record] (or record).	covers timber in item 16 16. Description of real	r to be cut covers as-ex			s a fixture filing	