| 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 70407 | $\neg 1$ | | | |
| CSC | ' | | | |
| 801 Adlai Stevenson Drive Springfield, IL 62703 | In Orogan | | | |
| Filed | In: Oregon (Klamath) | | | |
| <u> </u> | THE ABOVI | E SPACE IS FO | R FILING OFFICE USE | 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 the Individual Debtor information in item 10 o | | | |
| 1a. ORGANIZATION'S NAME | | | | |
| OR 15. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIC | NAL NAME(S)/INITIAL(S) | SUFFIX |
| Damrow | Glen | Α | | |
| 1c. MAILING ADDRESS 4278 Round Lake Rd | CITY | STATE | POSTAL CODE | COUNTRY |
| | Klamath Falls | OR | 97601 | USA |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full | name; do not omit, modify, or abbreviate any the Individual Debtor information in item 10 o | | | |
| name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME | the individual Deptor information in item 10 o | i the Financing St | atement Addendum (Form O | CCTAd) |
| Ed. Grown Mark Town | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIC | NAL NAME(S)/INITIAL(S) | SUFFIX |
| Damrow | Colleen | K | | |
| 2c. MAILING ADDRESS 4278 Round Lake Rd | сіту Klamath Falls | STATE OR | POSTAL CODE 97601 | COUNTRY |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU | JRED PARTY): Provide only <u>one</u> Secured Pa | rty name (3a or 3l |)) | ' |
| 3a. ORGANIZATION'S NAME Community 1st Credit Union | | | | |
| OR 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| SS. IISTNES ALCOSANIVINE | THO THE ENGOTA ETA UNE | 7,551116 | 10 12 10 1012(0)/111111112(0) | COTTIX |
| 3c. MAILING ADDRESS PO Box 870 | CITY | STATE | POSTAL CODE | COUNTRY |
| | DuPont | WA | 98327 | USA |
| 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 4 Parcel: 3908-01780-01000-000 Situs Address: 4278 Description: Lot 3 in Block 1 of CEDAR SPRINGS, a Clerk of Klamath County, Oregon. For Complete Let 04/02/2010 | ·278 Round Lake Rd Klamat B Round Lake Rd, Klamath F according to the official plat t | h Falls, OR alls, OR 97 hereof on F | 97601 Parcel: R7 601 Abbreviated Lile in the office of | '74727 Alt ∟egal the County |
| | | | | |
| | (see UCC1Ad, item 17 and Instructions) | | red by a Decedent's Persona | |
| 6a. Check only if applicable and check only one box: | | JOD. Check only | if applicable and check <u>only</u> o | one box: |

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:

1994 70407

Non-UCC Filing

Licensee/Licensor

2020-012498

09/30/2020 11:21:00 AM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

| FOLLOW INSTRUCTIONS | | | | | |
|--|--|----------------------------|-----------|-----------------------|---------------------|
| NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here | t; if line 1b was left blank | | | | |
| 9a. ORGANIZATION'S NAME | | | | | |
| | | | | | |
| | | | | | |
| 9b. INDIVIDUAL'S SURNAME | | | | | |
| Damrow FIRST PERSONAL NAME | | | | | |
| Glen | | | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | | |
| A | | THE ABOVE SPA | ACE IS | FOR FILING OFFICE | USE ONLY |
| DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the | | line 1b or 2b of the Finan | cing Stat | ement (Form UCC1) (us | e exact, full name; |
| 10a. ORGANIZATION'S NAME | e mailing address in line 10c | | | | |
| | | | | | |
| R 10b. INDIVIDUAL'S SURNAME | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | SUFFIX |
| | | | | | 00.1 |
| MAILING ADDRESS | CITY | ST | ATE P | OSTAL CODE | COUNTRY |
| | | | | | |
| 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | AC | DITIONA | L NAME(S)/INITIAL(S) | SUFFIX |
| c. MAILING ADDRESS | CITY | ST | ATE P | OSTAL CODE | COUNTRY |
| 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | ' | | | | |
| | | | | | |
| | | | | | |
| 3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in ti | he 14. This FINANCING STATE | MENT: | | | |
| REAL ESTATE RECORDS (if applicable) | covers timber to be cut covers as-extracted collateral visible as a fixture filing | | | | |
| 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 | | ., , | | AU 0 1 |
| Glen A Damrow | Perfection: Purcha equipment includir | | | | |
| Colleen K Damrow I278 Round Lake Rd | and all of its comp | | | | |
| Klamath Falls, OR 97601 | Falls, OR 97601 F | arcel: R774727 | Alt Pa | arcel: | |
| , | 3908-01780-01000-000 Situs Address: 4278 Round Lake Rd, Klamath Falls, OR 97601 Abbreviated Legal Description: Lot 3 in | | | | |
| | Block 1 of CEDAR | | | | |
| | on File in the office | e of the County (| Clerk | of Klamath Cou | ınty, Oregoi |
| | For Complete Leg | al Description re | efer to | Sale Instrumer | nt |
| | | | | | |
| 7. MISCELLANEOUS: | | | | | |
| | | | | | |

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

| C CROANIZATIONIC NAME | | nk | | | |
|--|--|----------------|------------------------|------------------------|---------------------|
| 9a. ORGANIZATION'S NAME | | | | | |
| R OL INDIVIDUALIS CURNIAME | | | | | |
| 9b. INDIVIDUAL'S SURNAME Damrow | | | | | |
| FIRST PERSONAL NAME | | | | | |
| Glen ADDITIONAL NAME(S)/INITIAL(S) | SUF | FIX | | | |
| A | | | E ABOVE SPACE I | S FOR FILING OFFI | CE USE ONLY |
| DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name) | | | 2b of the Financing S | tatement (Form UCC1) (| use exact, full na |
| 10a. ORGANIZATION'S NAME | and enter the maining address in in | le luc | | | |
| R 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 11b. INDIVIDUAL'S SURNAME | FIRST PERSONA | L NAME | ADDITIO | NAL NAME(S)/INITIAL(S | S) SUFFIX |
| c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| | | | | 1. 001712 0002 | |
| | | | | T GOTTLE GODE | |
| . ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | | | |
| ADDITIONAL SPACE FOR ITEM 4 (Collateral): | ecorded) in the 14. This FINANC | NG STATEMENT: | | | |
| ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record). | ecorded) in the 14. This FINANC covers tild in item 16 16. Description o | mber to be cut | covers as-extracted of | | as a fixture filing |
| . ADDITIONAL SPACE FOR ITEM 4 (Collateral): . In this FINANCING STATEMENT is to be filed [for record] (or real estate RECORDS (if applicable) . Name and address of a RECORD OWNER of real estate describe | ecorded) in the 14. This FINANC covers tild in item 16 16. Description o | mber to be cut | covers as-extracted of | | |