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 Addres	ss)					
2000 01700						
CSC 801 Adlai Stevenson Drive						
Springfield, IL 62703	Filed	In: Oregon				
 		(Klamath)				
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1	1h) (uga ayaat full s	amar da nat amit			OR FILING OFFICE USE O	
name will not fit in line 1b, leave all of item 1 blank, check here			or information in item 10 of the Fin			
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME		FIRST PERSONA	I NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Graham		Vester	AL NAME	D	INAL NAME (S)/INTTIAL(S)	SUFFIX
1c. MAILING ADDRESS 3404 Holbrook St		сіту Klamath Fa	alls	STATE OR	POSTAL CODE 97601	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2	2b) (use exact, full n	l name: do not omit.	modify, or abbreviate any part of t	he Debto	 's name): if any part of the Ind	l dividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here			or information in item 10 of the Fin			
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME		FIRST PERSONA	AL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME Community 1st Creations of the Community 1st Creating Sa. ORGANIZATION'S NAME (or NAME of ASSIGNEE OF	ASSIGNOR SECUE	RED PARTY): Pro	vide only <u>one</u> Secured Party name	(3a or 3l	o)	
	an ornon					
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
3c. MAILING ADDRESS PO Box 870		CITY		STATE	POSTAL CODE	COUNTRY
os. William o vissi viza PO BOX 870		DuPont		WA	98327	USA
4. COLLATERAL: This financing statement covers the following Perfection: Purchase Money Security Into but not limited to the complete Solar system 97601 Parcel: R874583 Alt Parcel: 3908 Abbreviated Legal Description: Parcel 2 Township 39 South, Range 8 East of the refer to Sale Instrument #2003-065047 N	tem and all of E07DB0180 of Land Part Willamette	of its compo 1 Situs Ado tition 16-92 Meridian, K	nents installed at 340 lress: 3404 Holbrook situated in the N1/2 N lamath County, Orego	4 Holl St, Kla IW 1/4	brook St Klamath F amath Falls, OR 97 I SE 1/4 of Section	Falls, OR 7601 7,

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

2000 01700

2020-013122

10/13/2020 02:49:00 PM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS		•					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financial because Individual Debtor name did not fit, check here	ng Statement; if line 1b was left blank						
9a. ORGANIZATION'S NAME							
OR 9b. INDIVIDUAL'S SURNAME							
Graham							
FIRST PERSONAL NAME Vester							
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX						
D		THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY			
D. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional do not omit, modify, or abbreviate any part of the Debtor's name)		line 1b or 2b of the Financing S	Statement (Form UCC1) (use	e exact, full name			
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 [11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	ASSIGNOR SECURED PARTY		ONAL NAME(S)/INITIAL(S)	SUFFIX			
TIB. INDIVIDUAL S SUNNAVIL	THOTT ENGOGIAL NAME	Abbille	TVAL TVAIVIL(O)/TVTTAL(O)	COTTIX			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
3. This FINANCING STATEMENT is to be filed [for record] (or re	ecorded) in the 14. This FINANCING STATE	MENT:					
REAL ESTATE RECORDS (if applicable)		covers timber to be cut covers as-extracted collateral is filed as a fixture filing					
 Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest): 		se Money Security	Interest - In Fixtur	ra Comple			
Vester D Graham 3404 Holbrook St		and all Solar equipn					
Slamath Falls, OR 97601	to the complete Sc	to the complete Solar system and all of its components installed at					
,		3404 Holbrook St Klamath Falls, OR 97601 Parcel: R874583 Alt					
		Parcel: 3908E07DB01801 Situs Address: 3404 Holbrook St, Klamath Falls, OR 97601 Abbreviated Legal Description: Parcel 2					
		of Land Partition 16-92 situated in the N1/2 NW 1/4 SE 1/4 of					
		ip 39 South, Range					
	Meridian, Klamath	County, Oregon. For	or Complete Lega	ll.			
7. MISCELLANEOUS:							

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

1 1					
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
Graham FIRST PERSONAL NAME					
Vester					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
D		THE ABOVE S	PACE I	S FOR FILING OFFIC	E USE ONLY
D. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name o		line 1b or 2b of the Fina	ancing S	tatement (Form UCC1) (ı	ise exact, full nar
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r	mailing address in line 10c				
10b. INDIVIDUAL'S SURNAME					
TOO. INDIVIDUAL & SONNAIVIE					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
c. MAILING ADDRESS	CITY	S	STATE	POSTAL CODE	COUNTRY
APPLITIONAL SECURED PARTY'S NAME ASSIGN	OD SECUDED DARRY	C NAME: S			
. ADDITIONAL SECURED PARTY'S NAME or ASSIGN 11a. ORGANIZATION'S NAME	IOR SECURED PARTY	S NAME: Provide onl	y <u>one</u> na	me (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	F	ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
MAILING ADDDESS	0.777		TATE	DOCTAL CODE	0.011117701
	CITY		STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY
S. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 5. IN This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATE	MENT:	STATE		
. ADDITIONAL SPACE FOR ITEM 4 (Collateral): . This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE	MENT: cut			S a fixture filing
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATE	MENT: cut covers as-ex :: D Sale Instrume	tracted c	collateral 🖊 is filed a	s a fixture filing