

2020-013836**Klamath County, Oregon****10/27/2020 08:41:00 AM****Fee: \$87.00****UCC FINANCING STATEMENT**

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)

2006 08274

CSC

801 Adlai Stevenson Drive

Springfield, IL 62703

Filed In: Oregon
(Klamath)**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

Delorme

FIRST PERSONAL NAME

Joshua

ADDITIONAL NAME(S)/INITIAL(S)

S

SUFFIX

1c. MAILING ADDRESS 34694 Kerry Dr

CITY

Chiloquin

STATE

OR

POSTAL CODE

97624

COUNTRY

USA

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

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

3. **SECURED PARTY'S NAME** (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME Community 1st Credit Union

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS PO Box 870

CITY

DuPont

STATE

WA

POSTAL CODE

98327

COUNTRY

USA

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

Perfection: Purchase Money Security Interest - In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 34694 Kerry Dr Chiloquin, OR 97624 Parcel:
R-3507-017BC-04300-000 Alt Parcel: R235524 Situs Address: 34694 Kerry Dr, Chiloquin, OR 97624 Abbreviated Legal Description: Oregon Shores Unit 2 1st Addition Tract 1184, Block 31, Lot 2, Home Id 327710 For Complete Legal Description refer to Sale Instrument #2020-009071 Date: 07/24/2020

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA:

2006 08274

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME

Delorme

FIRST PERSONAL NAME

Joshua

ADDITIONAL NAME(S)/INITIAL(S)

S

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

Joshua S Delorme
34694 Kerry Dr
Chiloquin, OR 97624

16. Description of real estate:

Perfection: Purchase Money Security Interest - In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 34694 Kerry Dr Chiloquin, OR 97624 Parcel: R-3507-017BC-04300-000 Alt Parcel: R235524 Situs Address: 34694 Kerry Dr, Chiloquin, OR 97624 Abbreviated Legal Description: Oregon Shores Unit 2 1st Addition Tract 1184, Block 31, Lot 2, Home Id 327710 For Complete Legal Description refer to Sale Instrument #2020-009071 Date: 07/24/2020

17. MISCELLANEOUS: