UCC FINANCING STATEMENT

Record at the request of and when recorded return to: Loanpal, LLC

2020-014268 Klamath County, Oregon

00268487202	000142680020025	

11/04/2020 10:05:02 AM

Fee: \$87.00

FOLLOW INSTRUCTIONS		
A. NAME & PHONE OF CONTACT AT FILER (optional)		
B. E-MAIL CONTACT AT FILER (optional) filings@loanpalsupport.com		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		
Loanpal, LLC	コト	
PO Box # 981440		
El Paso, TX 79998- 1440		
]	=

		THE AE	OVE SPACE IS FO	OR FILING OFFICE USE	ONLY
 DEBTOR'S NAME: Provide of name will not fit in line 1b, leave at 	nly <u>one</u> Debtor name (1a or I of item 1 blank, check here	1b) (use exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item	any part of the Debto	r's name): if any part of the li	ndividual Debtor
1a. ORGANIZATION'S NAME			. ==+:		
OR 16. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S) SUFFIX		love-1
Wessel		Earl			SUFFIX
to. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
32315 Modoc Point I	₹d	CHILOQUIN	OR	97624-9727	USA
2b. INDIVIDUAL'S SURNAME Wessel		FIRST PERSONAL NAME Karlyn	ADDITIONAL NAME(S)/INITIAL(S) SUFFI		SUFFIX
c. MAILING ADDRESS	-	CITY	STATE	POSTAL CODE	COUNTRY
32315 Modoc Point R	ld	CHILOQUIN	OR	97624-9727	USA
SECURED PARTY'S NAME	(or NAME of ASSIGNEE of	ASSIGNOR SECURED PARTY): Provide anly one Secure	d Party name (3a or 3i	<u> </u>	
36. ORGANIZATION'S NAME LOARDAL, LLC	_		····		
36. INDIVIOUAL'S SURNAME	W. M	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
c. MAILING ADDRESS		CITY	07.175	Income and	
		Gir	STATE	POSTAL CODE	COUNTRY
8781 Sierra College Bouleva	rd	Roseville	CA	95746	USA

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

All of the debtor's right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral.

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 X Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2006023227	

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 96. INDIVIDUAL'S SURNAME Wessel FIRST PERSONAL NAME Earl ADDITIONAL NAME(S)/INITIAL(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(\$)/INITIAL(\$) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME OF 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. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) 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 16. Description of real estate: (if Debtor does not have a record interest) County of: KLAMATH Earl Wessel and Karlyn Wessel Address of Real Estate: 32315 Modoc Point Rd. CHILOQUIN, OR, 97624-9727 APN: R889046 Reference document 2019-008098 for the legal description of this property 17. MISCELLANEOUS: