

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

## **UCC FINANCING STATEMENT**

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	
PO Box # 981440	
El Paso, TX 79998- 1440	

**2020-016653** Klamath County, Oregon

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12/21/2020 03:37:58 PM

Fee: \$87.00

. DEBTOR'S NAME: Provide only one Debtor name (	THE ABO ta or 1b) (use exact, full name; do not omit, modify, or abbreviate	-	OR FILING OFFICE USE		
name will not fit in line 1b, leave all of item 1 blank, check					
Th. INDIVIDUAL'S SURNAME Utley	FIRST PERSONAL NAME  Dennis	NAL NAME ADDITIONAL NAME(S)/INITIAL(S		SUFFIX	
c. MAILING ADDRESS 13489 Kann Springs Ln	CITY KENO	STATE OR	POSTAL CODE 97627	COUNTRY	
	2a or 2b) (use exact, full name; do not omit, modify, or abbreviate a				
P. DEBTOR'S NAME: Provide only one Debtor name (2 name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME	2a or 2b) (use exact, full name; do not omit, modify, or abbreviate a				
DEBTOR'S NAME: Provide only one Debtor name (2 name will not fit in line 2b, leave all of item 2 blank, check  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	2a or 2b) (use exact, full name; do not omit, modify, or abbreviate a	10 of the Financing Si			
DEBTOR'S NAME: Provide only one Debtor name (2 name will not fit in line 2b, leave all of item 2 blank, check  2a. ORGANIZATION'S NAME	2a or 2b) (use exact, full name; do not omit, modify, or abbreviate at there and provide the (individual Debtor Information in item 1	10 of the Financing Si	atement Addendum (Form U	CC1Ad)	
DEBTOR'S NAME: Provide only one Debtor name (2 name will not fit in line 2b, leave all of item 2 blank, check  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  : MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGN 3a. ORGANIZATION'S NAME  Loanpal, LLC	2a or 2b) (use exact, full name, do not omit, modify, or abbreviate at there and provide the Individual Debtor Information in item 1	ADDITIC	INAL NAME(S)/INITIAL(S)	SUFFIX COUNTRY	
DEBTOR'S NAME: Provide only one Debtor name (2 name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  : MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGN 3a. ORGANIZATION'S NAME	Pa or 2b) (use exact, full name; do not omit, modify, or abbreviate at there and provide the Individual Debtor Information in item 1  FIRST PERSONAL NAME  CITY	ADDITIO	INAL NAME(S)/INITIAL(S)	SUFFIX COUNTRY	

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/Buy	er Baitee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	· · · · · · · · · · · · · · · · · · ·
Acct # 2016035250	

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.

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen

9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
Utley						
FIRST PERSONAL NAME						
Dennis						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE AROVE	SPACE	S FOR FILING OFFICE	USE ON
DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name						
10a. ORGANIZATION'S NAME	, one one making darks					
10b. INDIVIDUAL'S SURNAME	<u></u>					<del></del> .
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)VINITIAL(S)						SUFFI
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUN
ADDITIONAL SECURED PARTY'S NAME QI 11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME	ASSIGNOR SECU	SONAL NAME	S NAME. FISHING O		NAL NAME(S)/INITIAL(S)	SUFF
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUN
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Name and address of a RECORD OWNER of real estate describe	Cov			extracted o	ollateral 🛛 is filed as a	fixture filia
REAL ESTATE RECORDS (if applicable)	ed in item 16 16. Descrip	vers timber to be c	ut covers as-	extracted of	ollateral ⊠ is filed as a	fixture filir
REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe if Debtor does not have a record interest).	ed in item 16 16. Descrip  Coun	vers timber to be contion of real estate:  ty of: KLA  ess of	ut covers as-		_	fixture filir
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REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe if Debtor does not have a record interest).	cov ed in item 16  16. Descrip  Coun Addre Real F	vers timber to be continued of real estate:  Aty of: KLA ess of Estate: 13489 In the state: 13489 In the s	MATH  Kann Springs Ln,	KENO, (	 OR, 97627	