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)				
2037 59284 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed	I In: Oregon (Klamath) I			
	· <u> </u>	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)	•	part of the Debto	's name); if any part of the In	dividual Debtor's
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME Richardson	FIRST PERSONAL NAME Michael	ADDITIC	ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS 10039 Westbrook Dr	сіту Klamath Falls	STATE OR	POSTAL CODE 97603	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full		-		
name will not fit in line 2b, leave all of item 2 blank, check here and provide [2a. ORGANIZATION'S NAME]	the Individual Debtor information in item 10 o	f the Financing St	atement Addendum (Form U	CC1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
O CECUIDED DADTVIC MANE () WIT () CONTROL OF CONTROL				
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME Community 1st Credit Union	JRED PARTY): Provide only <u>one</u> Secured Pa	rty name (3a or 3)	<u>)</u>	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870	CITY DuPont	STATE WA	POSTAL CODE 98327	COUNTRY
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 1 Parcel: 3909E3470039 Situs Address: 10039 Westl Unit 10039 (Westbrook Drive), Supplemental Plat T official plat thereof on file in the office pf the County refer to Sale Instrument #2017-012936 Date: 11/09/	l0039 Westbrook Dr Klamath brook Dr, Klamath Falls, OR ract 1379, Falcon Heights Co Clerk, Klamath County, Ore	n Falls, OR 97603 Abb ondominiun	97603 Parcel: R8ถ reviated Legal Des า Stage 3, accordii	87719 Alt scription: ng to the
	(see UCC1Ad, item 17 and Instructions)	-	red by a Decedent's Persona	
6a. Check only if applicable and check only one box:		bb. 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:

Non-UCC Filing

Licensee/Licensor

2021-000148

01/06/2021 08:11:01 AM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; it	f line 1b was left blank	1			
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME Richardson					
FIRST PERSONAL NAME Michael					
ADDITIONAL NAME(S)/INITIAL(S) D	SUFFIX	THE ABOVE SF	PACEI	S FOR FILING OFFIC	E USE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the name of 10a. ORGANIZATION'S NAME 		n line 1b or 2b of the Fina	ancing S	tatement (Form UCC1) (use exact, full nam
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
loc. MAILING ADDRESS	CITY	S	TATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSIGN ASSIGN	OR SECURED PARTY	'S NAME: Provide only	/ <u>one</u> na	me (11a or 11b)	'
DR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	OITIDD	NAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS	CITY	9.	TATE		OOUNTRY
A ADDITIONAL OD LOT FOR ITEM 4 (O. H. L. L.)	5			POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		Ü		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)		MENT:			s a fixture filing

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

because Individual Debtor name did not fit, check here	Statement; if line 1b was left	blank			
9a. ORGANIZATION'S NAME					
DR OLINDWIDLIANS OUDNAME					
Richardson					
FIRST PERSONAL NAME Michael ADDITIONAL NAME(S)/INITIAL(S)	le.	SUFFIX			
D		THE		IS FOR FILING OFFIC	
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Deb do not omit, modify, or abbreviate any part of the Debtor's name) and 10a. ORGANIZATION'S NAME			2b of the Financing S	Statement (Form UCC1) (use exact, full nam
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
0c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECURE	ED PARTY'S NAME:	Provide only <u>one</u> na	ame (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)		NCING STATEMENT:	covers as-extracted	collateral ☑ is filed a	is a fixture filing
	coversitem 16 16. Description	s timber to be cut in of real estate: on refer to Sale			-