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)					
2040 31437 CSC					
801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	In: Oregon				
 	(Klamath)	THE ABOVE SDAC	'E 16 E0	R FILING OFFICE USE	ONL V
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name: do not omit.				
<u></u>		or information in item 10 of the Fina			
1a. ORGANIZATION'S NAME					
OR					
1b. INDIVIDUAL'S SURNAME Vargas	Gilberto	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 5480 Bartlett Ave	CITY		STATE	IPOSTAL CODE	COUNTRY
MAILING ADDITION 5400 Baltiell Ave	Klamath Fa	alls	OR	97603	USA
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME Alvarado	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 5480 Bartlett Ave	CITY		STATE	POSTAL CODE	COUNTRY
The second of th	Klamath Fa	alls	OR	97603	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OF NAME OF NAME O	JRED PARTY): Pro	vide only <u>one</u> Secured Party name	(3a or 3b))	
3a. ORGANIZATION'S NAME Community 1st Credit Union	,			,	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870	CITY DuPont		STATE	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 5 Parcel: 3909E14AA02600 Situs Address: 5480 Bart Lot 4 in Block 2 of Tract 1088 Ferndale, according to Klamath County, Oregon. For Complete Legal Desc	5480 Bartlett lett Ave, Kla o the official	Ave Klamath Falls, O math Falls, OR 97603 plat thereof on file in	R 976 Abbr the off	603 Parcel: R5694 eviated Legal Des fice of the County	50 Alt cription: Clerk of

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

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

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

Manufactured-Home Transaction

Lessee/Lessor

2040 31437

being administered by a Decedent's Personal Representative

Non-UCC Filing

Licensee/Licensor

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

Agricultural Lien

Bailee/Bailor

2021-000237

01/07/2021 02:12:01 PM

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

OLLOW INSTRUCTIONS		1			
. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if I because Individual Debtor name did not fit, check here	ine 1b was left blank				
9a. ORGANIZATION'S NAME					
95. INDIVIDUAL'S SURNAME					
Vargas					
FIRST PERSONAL NAME					
Gilberto					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY
D. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the management.		line 1b or 2b of the F	inancing S	statement (Form UCC1) (use	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
Tab. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
2. 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		avtracted a	collateral 🖊 is filed as a	fixture filing
5. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real estate		extracted	collateral [F] is filed as a	TIXTURE TILING
(if Debtor does not have a record interest): Gilberto Vargas	Perfection: Purcha	ase Money Se	curity	Interest - In Fixtur	e. All Sola
Angeles Alvarado	equipment includir	-		•	•
5480 Bartlett Ave	and all of its comp				
Namauri and, Ort 07 000	Falls, OR 97603 F Situs Address: 548 Abbreviated Legal Ferndale, according	80 Bartlett Avo Description: ng to the offici	e, Klan Lot 4 iı al plat	nath Falls, OR 970 n Block 2 of Tract thereof on file in t	603 1088 he office c
	the County Clerk			oregon. For Comp 2015-012192 Date	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
Vargas				
FIRST PERSONAL NAME Gilberto				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE		
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and e		1b or 2b of the Financing S	Statement (Form UCC1) (use exact, full
10a. ORGANIZATION'S NAME	<u> </u>			
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL O FIRST PERSONAL NAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUN
	ACCIONADO OFICIADES DA STAGO			
ADDITIONAL SECURED PARTY'S NAME or A 11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S N	AME: Provide only <u>one</u> na	ame (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	ADDITIO STATE	NAL NAME(S)/INITIAL(S	
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