	-	
		_

UCC FINANCING STATEMENT

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

2021-002066 Klamath County, Oregon

02100020660020027	

02/10/2021 11:53:10 AM

Fee: \$87.00

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

FOLLOW INSTRUCTIONS

El Paso, TX 79998- 1440

L	_	THE ABOV	E SPACE IS FOR	R FILING OFFICE USE	ONLY
	EBTOR'S NAME: Provide only one Debtor name (1a) ame will not fit in line 1b, leave all of item 1 blank, check he	or 1b) (use exact, full name, do not omit, modify, or abbreviate any ere and provide the Individual Debtor information in item 10 o	part of the Debtor's of the Financing Stat	s name); if any part of the Ir tement Addendum (Form U	dividual Debto CC1Ad)
[1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME Elder	FIRST PERSONAL NAME Michael	ADDITION	IAL NAME(SYINITIAL(S)	SUFFIX
	MAILING ADDRESS 206 Coronado Way	CITY KLAMATH FALLS	STATE OR	97603-7613	COUNTRY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a o ame will not fit in line 2b, leave all of item 2 blank, check h	or 2b) (use exact, full name; do not omit, modify, or abbreviate any ere and provide the Individual Debtor information in item 10 o	y part of the Debtor's of the Financing Sta	s name); if any part of the Ir tement Addendum (Form U	CC1Ad)
	2a. ORGANIZATION'S NAME				
OR	26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)INITIAL(S)	SUFFIX
2c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. S		I of ASSIGNOR SECURED PARTY): Provide only <u>one</u> Secured P	arty name (3a or 3b))	····
	3a. ORGANIZATION'S NAME LOANPAI, LLC				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
8	781 Sierra College Boulevard	Roseville	CA	95746	J

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.

being administered by a Decedent's Personal Representative
6b. Check only if applicable and check only one box:
Agricultural Lien Non-UCC Filing
yer Bailee/Bailor Licensee/Licensor

UCC FINANCING STATEMENT ADDENDUM

9a. ORGANIZATION'S NAME					
Wall Service Confer Confer of Confer of Conference					
-					
9b. INDIVIDUAL'S SURNAME					
Elder					
FIRST PERSONAL NAME					
Michael	- Investor				
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX				
		THE ABOVE SPA			
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 m		1b or 2b of the Financ	ing Statement (Fo	irm UCC1) (use e	exact, full n
10a. ORGANIZATION'S NAME	anning address in line 100				
IDA, ORGANIZATION S NAME					
10b. INDIVIDUAL'S SURNAME	·				
TOD, INDIVIDUAL 3 SOCIALINE					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)					SUFFIX
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
MAILING ADDRESS	CITY	STA	TE POSTAL C	ODE	COUNT
		1			
11a. ORGANIZATION'S NAME	OR SECURED PARTY'S N		ne name (11a or		SUFFix
11s. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADE	DITIONAL NAME(Syinitial(\$)	
11s. ORGANIZATION'S NAME		ADE		Syinitial(\$)	
119. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRÉSS	FIRST PERSONAL NAME	ADE	DITIONAL NAME(Syinitial(\$)	
119. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRÉSS	FIRST PERSONAL NAME	ADE	DITIONAL NAME(Syinitial(\$)	
11s. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADE	DITIONAL NAME(S)INITIAL(S)	SUFFIX
119. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRÉSS	FIRST PERSONAL NAME	ADE	DITIONAL NAME(S)INITIAL(S)	
119. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRÉSS	FIRST PERSONAL NAME	ADE	DITIONAL NAME(S)INITIAL(S)	
119. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRÉSS	FIRST PERSONAL NAME	ADE	DITIONAL NAME(S)INITIAL(S)	
119. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRÉSS	FIRST PERSONAL NAME	ADE	DITIONAL NAME(S)INITIAL(S)	
119. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRÉSS	FIRST PERSONAL NAME	ADE	DITIONAL NAME(S)INITIAL(S)	
11s. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAME	STA	TE POSTAL C	S)INITIAL(S)	COUNT
11s. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAME CITY 14. This FINANCING STATEMENT covers timber to be cut	STA	TE POSTAL C	S)INITIAL(S)	COUNT
11s. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAME CITY 14. This FINANCING STATEME! covers timber to be cut 16. Description of real estate:	STA	TE POSTAL C	S)INITIAL(S)	COUNT
11s. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAME CITY 14. This FINANCING STATEMENT covers timber to be cut	STA	TE POSTAL C	S)INITIAL(S)	COUNTI
11s. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	FIRST PERSONAL NAME CITY 14. This FINANCING STATEME! covers timber to be cut 16. Description of real estate:	STA STA STA	TE POSTAL C	S)INITIAL(S)	COUNTI
11s. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	FIRST PERSONAL NAME CITY 14. This FINANCING STATEMEI covers timber to be cut 16. Description of real estate: County of: KLAM Address of	NT: Covers as-extra IATH onado Way, KLAM	TE POSTAL C	S)INITIAL(S)	COUNTI
11s. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	14. This FINANCING STATEMENT covers timber to be cut 16. Description of real estate: County of: KLAM Address of Real Estate: 3906 Core	STA STA STA STA ADE STA ADE STA ADE STA ADE STA STA ADE STA STA STA ADE STA STA STA STA STA STA STA ST	TE POSTAL C	S)INITIAL(S) ODE is filed as a	fixture filing
11s. DRGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): X This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	FIRST PERSONAL NAME CITY 14. This FINANCING STATEMENT COVERS timber to be cut 16. Description of real estate: County of: KLAM Address of Real Estate: 3906 Core APN: R5639	STA STA STA STA ADE STA ADE STA ADE STA ADE STA STA ADE STA STA STA ADE STA STA STA STA STA STA STA ST	TE POSTAL C	S)INITIAL(S) ODE is filed as a	fixture filing