Fee: \$92.00 **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294 CSC B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2090 37492 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Oregon (Klamath) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) Cooper Gary 1c. MAILING ADDRESS 1809 McClellan Drive POSTAL CODE COUNTRY CITY STATE Klamath Falls OR 97603 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX 2c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b 3a. ORGANIZATION'S NAME All In Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX 3c. MAILING ADDRESS P.O. Drawer 8 POSTAL CODE COUNTRY Daleville ΑĽ 36322 USA 4. COLLATERAL: This financing statement covers the following collateral: 3.46 kW photovoltaic solar energy system, consisting of: Jinko modules, SolarEdge inverter AND ALL OTHER PRODUCTS, PROCEEDS AND ATTACHMENTS.

2021-005269

04/07/2021 02:51:03 PM

Klamath County, Oregon

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/Bu	yer Bailee/Bailor Licensee/Licensor		
8. OPTIONAL FILER REFERENCE DATA:	2090 37/93		

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS						
<ol> <li>NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here</li> </ol>	nt; if line 1b was left blank					
9a. ORGANIZATION'S NAME						
OR						
9b. INDIVIDUAL'S SURNAME						
Cooper						
FIRST PERSONAL NAME						
Gary  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
ADDITIONAL NAME(G)/MITTIAL(G)	SOTTIX	THE ABOVE SPACE IS FOR FILING OFFICE	E USE ONLY			
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nan do not omit, modify, or abbreviate any part of the Debtor's name) and enter t</li> </ol>		1b or 2b of the Financing Statement (Form UCC1) (us	se exact, full name;			
10a. ORGANIZATION'S NAME		-/-				
DR 10b. INDIVIDUAL'S SURNAME	47.	4.7				
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	X 1	4	SUFFIX			
0c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
1. ADDITIONAL SECURED PARTY'S NAME or ASSI	CNOR SECURED DARTY'S N	AME: Provide only one name (11a or 11b)				
11a. ORGANIZATION'S NAME	ONOR SECONED FARTES N.	AMIL. Provide only <u>one</u> name (Tra or Trb)				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		1 1				
		/ -				
	l. //					
3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the 14. This FINANCING STATEMEN	Т:				
REAL ESTATE RECORDS (if applicable)	covers timber to be cut	covers as-extracted collateral 🗾 is filed as	a fixture filing			
<ol><li>Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</li></ol>	,	NA COATED IN THE CTATE OF C	DECON			
(ii 2000) in the analysis and an analysis and	A PARCEL OF LAND LOCATED IN THE STATE OF OREGON,					
	COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 1809 MCCLELLAN DR					
	KLAMATH					
	FALLS, OR 97603-5258 CURRENTLY OWNED BY COOPER					
	GARY C/COOPER					
		A TAX ASSESSOR NUMBER OF	R504029			
	AND BEING	TV MODE ELLLY DECODES	A O \A(!\.'\			
	THE SAME PROPER	RTY MORE FULLY DESCRIBED	AS WINEM			
7. MISCELLANEOUS:						

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	f line 1b was left blank	]			
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME			4		
Cooper FIRST PERSONAL NAME					
Gary  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	_		//	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or				FOR FILING OFFICE tement (Form UCC1) (use	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the n  10a. ORGANIZATION'S NAME	nailing address in line 10c	<i>f</i> ~			
OR 10b. INDIVIDUAL'S SURNAME	7		<del></del>		
INDIVIDUAL'S FIRST PERSONAL NAME	77	$\vee$			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		<b>&gt;</b>		1	SUFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN 11a. ORGANIZATION'S NAME	OR SECURED PARTY	'S NAME: Provide o	nly <u>one</u> nam	e (11a or 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	4	ADDITION.	AL NAME(\$)/INITIAL(\$)	SUFFIX
11c. MAILING ADDRESS	CITY	77	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		<i>J</i>			
13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE covers timber to be		extracted co	llateral 🔽 is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate GARDENS, LOT 25 AND DES 03/21/2019 AND F	CRIBED IN D			729 DATE
17. MISCELLANEOUS:					