

**2021-006450****Klamath County, Oregon****04/26/2021 08:42:00 AM****Fee: \$92.00****UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

|                                                                                                                             |                                         |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                                         |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                                         |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 30595 - SUNLIGHT                                                              |                                         |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 80159179<br><br><b>OROR<br/>FIXTURE</b> |
| File with: Klamath, OR                                                                                                      |                                         |

**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                    |                                        |                                |                               |                      |
| OR                                         | 1b. INDIVIDUAL'S SURNAME<br>Cunningham | FIRST PERSONAL NAME<br>Gregory | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 1c. MAILING ADDRESS<br>8923 Faircliff Lane |                                        | CITY<br>Klamath Falls          | STATE<br>OR                   | POSTAL CODE<br>97603 |
|                                            |                                        |                                | COUNTRY<br>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 |                          |                     |                               |             |
| OR                      | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
| 2c. MAILING ADDRESS     |                          | CITY                | 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<br>Cross River Bank |                          |                     |                               |                      |
| OR                                          | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 3c. MAILING ADDRESS<br>885 Teaneck Road     |                          | CITY<br>Teaneck     | STATE<br>NJ                   | POSTAL CODE<br>07666 |
|                                             |                          |                     | COUNTRY<br>USA                |                      |

4. COLLATERAL: This financing statement covers the following collateral:

19.215 kW photovoltaic solar energy system, consisting of: Yingli modules, APsystems inverter AND ALL OTHER PRODUCTS, PROCEEDS, AND ATTACHMENTS.

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

80159179

872-8128673-000

0064M00000YqbE6QAJ

# UCC FINANCING STATEMENT ADDENDUM

## FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S SURNAME

Cunningham

FIRST PERSONAL NAME

Gregory

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

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)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ 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:

A PARCEL OF LAND LOCATED IN THE STATE OF OR, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 8923 FAIRCLIFF LN, KLAMATH FALLS OR 97603-2641 R001 CURRENTLY OWNED BY CUNNINGHAM GREG M / CUNNINGHAM CARLIE R HAVING A TAX ASSESSOR NUMBER OF R878726 AND BEING THE SAME PROPERTY  
[ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 80159179-OR-35 30595 - SUNLIGHT FINANCIAL

Cross River Bank

File with: Klamath, OR

872-8128673-000 0064M00000YqbE6QAJ

**Debtor:** Cunningham, Gregory

Exhibit for Real Estate

**16. Description of real estate:** Continued

MORE FULLY DESCRIBED AS TWP 39 RNGE 10,  
BLOCK SEC 30, TRACT PARCEL 2 OF PARTITION  
#33-95, ACRES 1.73 AND DESCRIBED IN DOCUMENT  
NUMBER 12579 DATED 10/27/2017 AND RECORDED  
10/31/2017.

