Record at the request of and when recorded return to:

2021-008564 Klamath County, Oregon

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ICC FINANCING STATEMENT		05/28/20	021 11:50:56	AM	Fee: \$
NAME & PHONE OF CONTACT AT FILER (options	ai)				
. E-MAIL CONTACT AT FILER (optional)					
filings@loanpalsupport.com					
SEND ACKNOWLEDGMENT TO: (Name and Add	dress)				
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Loanpal, LLC	1				
PO Box # 981440					
El Paso, TX 79998- 1440					
1	1 1				
<u></u>	-	THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a	or 1b) (use exact, full name; do not omit.				
name will not fit in line 1b, leave all of item 1 blank, check h		r information in item 10 of	the Financing Sta	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
15. INDIVIDUAL'S SURNAME Sereno	FIRST PERSONA Guillermo		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Sereno Sereno			ADDITIO STATE	NAL NAME(S)/INITIAL(S)	COUNTR
Sereno MAILING ADDRESS	Guillermo				SUFFIX COUNTR' USA
Sereno MAILING ADDRESS 210 W Oregon Ave	Guillermo city KLAMA	ΓΗ FALLS	STATE	97601-1450	COUNTR
Sereno MAILING ADDRESS 210 W Oregon Ave DEBTOR'S NAME: Provide only one Debtor name (2a)	Guillermo CITY KLAMA or 2b) (use exact, full name; do not omit, i	ΓΗ FALLS modify, or abbreviate any ρ	STATE OR	POSTAL CODE 97601-1450 's name); if any part of the Ir	COUNTR USA
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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.

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/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2103041540	
Acct # 2103041340	

UCC FINANCING STATEMENT ADDENDUM

9a. ORGANIZATION'S NAME		······································				
9b. INDIVIDUAL'S SURNAME Sereno						
FIRST PERSONAL NAME						
Guillermo						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
. DEBTOR'S NAME: Provide (10a or 10b) only one additional	D. H	abot did not fit in line			S FOR FILING OFFICE U	
do not omit, modify, or abbreviate any part of the Debtor's name	Debtor name or Debtor name and enter the mailing addres	e that did not lit in line is in line 10c	10 or 20 of the Fin	ancing 3	tatement (Form OCC1) (use t	raut, tuli tie
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME				·		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	******					SUFFIX
					Inontal CORE	COUNTR
. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTR
. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECU	RED PARTY'S	NAME: Provide on	ly one na	me (11a or 11b)	<u> </u>
11a. ORĜANIZATION'S NAME		TEST TRATEGO	W (1812.)	., 1111	(,,,	
11b. INDIVIDUAL'S SURNAME	CIDST DEC	RSONAL NAME	·	AÒDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTR
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3. This FINANCING STATEMENT is to be filed [for record] (or	recorded) in the 14. This FI	NANCING STATEME				
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