UCC FINANCING STATEMENT			Fee: \$117.00	
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)				
2123 33771	\neg			
CSC 801 Adlai Stevenson Drive Springfield, IL 62703				
Fil	ed In: Oregon (Klamath)			
	`	THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here and provide only one).		r, or abbreviate any part of the Domation in item 10 of the Financir		
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E ADD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
KOSTEN	CASEY			
1c. MAILING ADDRESS 2701 MARKET STREET	CITY BONANZA	STA		COUNTRY
A DEDTODIO VIVIE				
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here and prov		, or abbreviate any part of the De mation in item 10 of the Financir		
2a. ORGANIZATION'S NAME				<u> </u>
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	4E ADD	PITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	ECURED PARTY): Provide or	nly <u>one</u> Secured Party name (3a	or 3b)	
3a. ORGANIZATION'S NAME All In Credit Union				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E ADD	PITIONAL NAME(S)/INITIAL(S)	SUFFIX
			, , , , ,	
3c. MAILING ADDRESS P.O. Drawer 8	Daleville	STA AL	1	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: 10.440000 kW photovoltaic solar energy system, of	consisting of: REC	modules, SolarEdge	e inverter AND ALL	OTHER
PRODUCTS, PROCEEDS AND ATTACHMENTS		_		

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

2021-008994

06/07/2021 03:06:00 PM

being administered by a Decedent's Personal Representative

Non-UCC Filing

Licensee/Licensor

2123 33771

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

Agricultural Lien

Bailee/Bailor

Klamath County, Oregon

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

because Individual Debtor name did not fit, check here	tement; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
95. INDIVIDUAL'S SURNAME KOSTEN				
FIRST PERSONAL NAME CASEY	Laurani.			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
 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 en 10a. ORGANIZATION'S NAME 		line 1b or 2b of the Financing s	Statement (Form UCC1) (u:	se exact, full nam
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
This FINANCING STATEMENT is to be filed [for record] (or recorde REAL ESTATE RECORDS (if applicable)	d) in the 14. This FINANCING STATE		collateral 🔽 is filed as	a fixture filing

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing:	Statement; if line 1b was left blank	7				
because Individual Debtor name did not fit, check here						
OR 9b. INDIVIDUAL'S SURNAME KOSTEN FIRST PERSONAL NAME						
CASEY ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-				
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10a. ORGANIZATION'S NAME	d effet the maining address in line 100					
OR 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
OR 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS	FIRST PERSONAL NAME			ADDITIO STATE	NAL NAME(S)/INITIAI	_(S) SUFFIX COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
13. This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	covers timber to	be cut	covers as-ex	dracted o	collateral 🖊 is file	d as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in (if Debtor does not have a record interest):	16. Description of real es common to Sect East		0 and 11, ¹	Town	ship 39 South	, Range 11
	of the Willamette Southwest corne particularly desc ux., to J. L. Spa Records of Klan the center or thr River, 1440 feet	er of the ribed in retorn nath Co ead of	at certain n that cert recorded ounty, Ore the Main o	parce ain de in Boo gon; f or Soo	I of land more eed from John ok 55, Page 5 thence South uth Channel o	s. s. Shook, et 86, Deed vesterly along f Lost
17. MISCELLANEOUS:	[

because Individual Debtor name did not fit, check here	ng Statement; if line 1b was left b	lank				
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME KOSTEN FIRST PERSONAL NAME						
CASEY ADDITIONAL NAME(S)/INITIAL(S)	S	JFFIX				
			THE ABOVE S	PACE	S FOR FILING OFFICE	E USE ONLY
0. DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name)			ine 1b or 2b of the Fin	ancing S	tatement (Form UCC1) (us	se exact, full name
10a. ORGANIZATION'S NAME	·					
DR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
0c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS	FIRST PERSOI	NAL NAME		ADDITIO STATE	NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
 Inis FINANCING STATEMENT is to be filed [for record] (or record). 	· —	CING STATEN				a fixture filing

FOLLOW INSTRUCTIONS					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here	if line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR 9b. INDIVIDUAL'S SURNAME KOSTEN		_			
FIRST PERSONAL NAME CASEY					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name o do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r				IS FOR FILING OFFICE Statement (Form UCC1) (use	
10a. ORGANIZATION'S NAME	maining address in line 100				
OR 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 ASSIGN 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMI			NAL 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 STA		-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 est County, Oregon property East 30 feet, more or les of the Beatty-Bo the Southerly lir the South line of Mo known as the O	state: ; thence following ; thence following	ng the North 3 ection w Road; t et Road East B Stage le Aven	boundaries of said 800 feet and West with the Southerly I hence Northeaste 1 370 feet, more of conanza, sometime Road; thence Eas ue 400 feet, more	d Sparks 300 ine rly along r less, to es
17. MISCELLANEOUS:	,		•		

SUFFIX	THE ABOVE SPA	ACE IS FO	OR FILING OFFICE	USE ONLY
ne or Debtor name that did not fit in the mailing address in line 10c				
				SUFFIX
СІТҮ	STA	ATE PO	STAL CODE	COUNTRY
FIRST PERSONAL NAME				SUFFIX
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		acted collate	eral V isfiled as a	a fixture filing
16. Description of real estate	ed to; thence So	outh alc	ng the Weste	rly line
	city the 14. This FINANCING STATE covers timber to be concerned to the concerned to the cover timber to be concerned to the covers timber to the concerned to the covers timber timbe	THE ABOVE SPANDE OF THE PROPERTY STATEMENT: CITY CITY CITY ST. GNOR SECURED PARTY'S NAME: Provide only state of the Finance of the Finan	THE ABOVE SPACE IS FOR the or Debtor name that did not fit in line 1b or 2b of the Financing Statem the mailing address in line 10c CITY STATE POS GNOR SECURED PARTY'S NAME: Provide only one name (** FIRST PERSONAL NAME ADDITIONAL IS CITY STATE POS THE ABOVE SPACE IS FOR THE PRINCE OF THE PRINCE OF THE POSITION OF THE POSITI	THE ABOVE SPACE IS FOR FILING OFFICE The or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use the mailing address in line 10c CITY STATE POSTAL CODE GNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE the 14. This FINANCING STATEMENT: Covers timber to be cut Covers as-extracted collateral FIG. Description of real estate: hereinabove referred to; thence South along the Weste

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	
9a. ORGANIZATION'S NAME	
OR	
OR 9b. INDIVIDUAL'S SURNAME KOSTEN	
FIRST PERSONAL NAME	
CASEY	
ADDITIONAL NAME(S)/INITIAL(S)	
	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 one omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10a	
10a. ORGANIZATION'S NAME	
OR 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
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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)	
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 Range 11 East of Klamath, State follows: Beginning at the Township 39 State County of I feet; thence So thence East 30	

). NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financ	ing Statement: if line 1h was	s left blank				
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O DEPTOPIS NAME: Breeide (40 40b) ask are additional	Debter				S FOR FILING OFFIC	
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10a. ORGANIZATION'S NAME						
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10b. INDIVIDUAL'S SURNAME						
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T11b. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
OR 11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS		ERSONAL NAME				
11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY					
11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	city	FINANCING STATE		STATE	POSTAL CODE	COUNTRY
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