

2022-001218**Klamath County, Oregon**

01/31/2022 09:12:01 AM

Fee: \$87.00

UCC FINANCING STATEMENT

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) <div>2259 10973 CSC 801 Adlai Stevenson Drive Springfield, IL 62703</div> <div>Filed In: Oregon (Klamath)</div>	

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 Mendenhall		FIRST PERSONAL NAME Edward	ADDITIONAL NAME(S)/INITIAL(S) G	SUFFIX
1c. MAILING ADDRESS	2137 Orindale Rd	CITY Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY 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 Mendenhall		FIRST PERSONAL NAME Sheri	ADDITIONAL NAME(S)/INITIAL(S) L	SUFFIX
2c. MAILING ADDRESS	2137 Orindale Rd	CITY Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY USA

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 Community 1st Credit Union					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	PO Box 870	CITY DuPont	STATE WA	POSTAL CODE 98327	COUNTRY USA

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

Perfection: Purchase Money Security Interest - In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 2137 Orindale Rd Klamath Falls, OR 97601 Parcel:
R-3908-001D0-00100-000 Alt Parcel: R492461 Situs Address: 2137 Orindale Rd, Klamath Falls, OR 97601 Abbreviated Legal Description: Twp 39 Rnge 8, Block Sec 1, Tract Por N2ne4se4, Acres 7.00 For Complete Legal Description refer to Sale Instrument #2021-000295 Date: 01/08/2021

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/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

2259 10973

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

OR

9b. INDIVIDUAL'S SURNAME

Mendenhall

FIRST PERSONAL NAME

Edward

ADDITIONAL NAME(S)/INITIAL(S)

G

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

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

11a. ORGANIZATION'S NAME

OR

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):

Edward G Mendenhall
Sheri L Mendenhall
2137 Orindale Rd
Klamath Falls, OR 97601

16. Description of real estate:

Perfection: Purchase Money Security Interest - In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 2137 Orindale Rd Klamath Falls, OR 97601 Parcel: R-3908-001D0-00100-000 Alt Parcel: R492461 Situs Address: 2137 Orindale Rd, Klamath Falls, OR 97601 Abbreviated Legal Description: Twp 39 Rnge 8, Block Sec 1, Tract Por N2ne4se4, Acres 7.00 For Complete Legal Description refer to Sale Instrument #2021-000295 Date: 01/08/2021

17. MISCELLANEOUS: