A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2268 26336 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 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 Dolansky FIRST PERSONAL NAME Andrea In. MAILING ADDRESS 4100 Summers Ln CITY Klamath Falls 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 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)	UCC FINANCING STATEMENT			Fee: \$87.00	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 2268 26336 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME Dolansky 1c. MAILING ADDRESS 4100 Summers Ln CITY Klamath Falls CITY Klamath Falls 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 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 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 name; if any part of the					
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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 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 Dolansky 1c. MAILING ADDRESS 4100 Summers Ln CITY 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		\neg			
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OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
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2a. ORGANIZATION'S NAME		the Individual Debtor information in item 10 of the Fi	nancing S	tatement Addendum (Form U0	CC1Ad)
28. URGANIZATION'S NAME	28. URGANIZATION S NAME				
OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
Dolansky T	1	-			
2c. MAILING ADDRESS 4100 Summers Ln CITY Klamath Falls CITY OR 97603 COUNTRY USA	2c. MAILING ADDRESS 4100 Summers Ln	1			
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)	3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	RED PARTY): Provide only one Secured Party name	e (3a or 3	(b)	
3a. ORGANIZATION'S NAME Community 1st Credit Union	38. ORGANIZATION'S NAME Community 1st Credit Union				
OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	JR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS PO Box 870 CITY DuPont STATE POSTAL CODE COUNTRY USA	3c. MAILING ADDRESS PO Box 870		1		
^{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 4100 Summers Ln Klamath Falls, OR 97603 Parcel: R545422 Alt Parcel: 3909E10DA04300 Situs Address: 4100 Summers Ln, Klamath Falls, OR 97603 Abbreviated Legal Description Summers Park, Lot 36 Less 7' E, Acres 0.80 Map Coord: 39S-9E-10-SE-NE For Complete Legal Description refer to Sale Instrument #2015-05089 Date: 05/18/2015	Solar system and all of its components installed at 4 Parcel: 3909E10DA04300 Situs Address: 4100 Sun Summers Park, Lot 36 Less 7' E, Acres 0.80 Map C	100 Summers Ln Klamath Falls, mers Ln, Klamath Falls, OR 976	OR 97 03 Ab	7603 Parcel: R545 breviated Legal De	422 Alt scription:
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 Representation. 6a. Check only if applicable and check only one box:					

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

FILING OFFICE COPY = UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

2022-001956 Klamath County, Oregon

02/15/2022 11:32:01 AM

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here	it; if line 1b was left blank]				
9a. ORGANIZATION'S NAME		-				
OR]				
96. INDIVIDUAL'S SURNAME						
Dolansky FIRST PERSONAL NAME						
Andrea						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	1				
M		THE ABOVE SPAC	CE IS FOR FILING OFFI	CE USE ONLY		
 DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter th 		n line 1b or 2b of the Financii	ng Statement (Form UCC1) (use exact, full name;		
10a. ORGANIZATION'S NAME	e mailing 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	STAT	FE POSTAL CODE	COUNTRY		
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG	SNOR SECURED PARTY	"S NAME: Provide only <u>on</u>	<u>e</u> name (11a or 11b)			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S	SUFFIX		
11c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	·	<u>'</u>	'	'		
42 ATT FINANCING STATEMENT AT STATE OF A STATEMENT AT STA	44 71: 500000000000	-11515				
 Image: It is financing statement is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 	the 14. This FINANCING STATE covers timber to be					
15. Name and address of a RECORD OWNER of real estate described in item 16		16. Description of real estate:				
(if Debtor does not have a record interest): Andrea M Dolansky	Perfection: Purchase Money Security Interest - In Fixture. All Sola					
George T Dolansky	equipment including but not limited to the complete Solar system and all of its components installed at 4100 Summers Ln Klamath					
4100 Summers Ln	Falls, OR 97603 F					
Klamath Falls, OR 97603	Situs Address: 41					
	Abbreviated Lega					
	Acres 0.80 Map C	oord: 39S-9E-10-	SE-NE For Compl	ete Legal		
	Description refer t	o Sale Instrument	#2015-05089 Dat	te: 05/18/201		
17. MISCELLANEOUS:						