UCC FINANCING STATEMENT			Fe	e: \$87.00	
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)					
2274 89894 CSC 801 Adlai Stevenson Drive	\neg				
Springfield II 62703	n: Oregon				
	(Klamath)				
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full recognitions).				FILING OFFICE USE (
	ne Individual Debtor information in				
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LAD	DITIONAL	I NAME/Q\/INITIAL/Q\	SUFFIX
Surprenant	Patricia	Ä	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 5033 Harlan Dr	CITY	ST	ATE P	OSTAL CODE	COUNTRY
	Klamath Falls	0	PR 9	97603	USA
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full rename will not fit in line 2b, leave all of item 2 blank, check here and provide to a ORGANIZATION'S NAME	ame; do not omit, modify, or abbre ne Individual Debtor information in				
OR					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITIONAL	L NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	ST	ATE P	OSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Se	cured Party name (3s	a or 3h)		
3a. ORGANIZATION'S NAME Community 1st Credit Union	LED Francis III Transport	ourse rung name (se	2 01 02)		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITIONAL	L NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870	DuPont			0874L CODE 98327	USA
4. COLLATERAL: This financing statement covers the following collateral: Perfection: Purchase Money Security Interest - In Fix Solar system and all of its components installed at 50 3909E11AB05100 Situs Address: 5033 Harlan Dr, K Lot 31 Nw2, Acres 0.63 Map Coord: 39S-9E-11-NE-1#2017-001774 Date: 02/21/2017	033 Harlan Dr Klamatl Iamath Falls, OR 9760	h Falls, OR 97 03 Abbreviate	7603 F ed Leg	Parcel: R548919 al Description: H	Alt Parce lomedale,
	see UCC1Ad, item 17 and Instruction			by a Decedent's Persona	
6a. Check only if applicable and check only one box:		6b. Check	c <u>only</u> if ap	pplicable and check <u>only</u> o	ne box:

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Agricultural Lien

Bailee/Bailor

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:

2274 89894

Non-UCC Filing

Licensee/Licensor

2022-002550 Klamath County, Oregon

03/01/2022 09:18:01 AM

UCC FINANCING STATEMENT ADDENDUM

DLLOW INSTRUCTIONS NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fin	ancing Statement; if line 1b was l	eft blank				
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME						
Surprenant FIRST PERSONAL NAME						
Patricia ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
A			THE ABOVE	SPACE	IS FOR FILING OFFI	CE USE ONLY
. DEBTOR'S NAME: Provide (10a or 10b) only one addition do not omit, modify, or abbreviate any part of the Debtor's na			line 1b or 2b of the F	inancing S	Statement (Form UCC1) (use exact, full nar
10a. ORGANIZATION'S NAME						
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
ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME		RED PARTY'S	S NAME: Provide o		ame (11a or 11b) NAL NAME(S)/INITIAL(S	SUFFIX
11a. ORGANIZATION'S NAME			S NAME: Provide o			SUFFIX COUNTRY
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PER		S NAME: Provide o	ADDITIC	NAL NAME(S)/INITIAL(S	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	FIRST PER		S NAME: Provide o	ADDITIC	NAL NAME(S)/INITIAL(S	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS	FIRST PER		S NAME: Provide o	ADDITIC	NAL NAME(S)/INITIAL(S	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 2. MAILING ADDRESS	FIRST PER		S NAME: Provide o	ADDITIC	NAL NAME(S)/INITIAL(S	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PER CITY (or recorded) in the 14. This FI	SONAL NAME	MENT:	STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 11b. INDIVIDUAL'S SURNAME . MAILING ADDRESS . ADDITIONAL SPACE FOR ITEM 4 (Collateral): REAL ESTATE RECORDS (if applicable) . Name and address of a RECORD OWNER of real estate desc (if Debtor does not have a record interest):	(or recorded) in the 14. This FII	NANCING STATER	ΜΕΝΤ: ut □ covers as-	STATE	POSTAL CODE Collateral	COUNTRY
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