UCC FINANCING STATEMENT		Fee: \$92.00	
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)			
2305 97402	$\neg$		
CSC 801 Adlai Stevenson Drive			
Springfield, IL 62703 Filed	In: Oregon		
	(Klamath)	NE 10 E00 EU DIO 0EE10E II	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full it.)		be Debtor's name): if any part of the	
	the Individual Debtor information in item 10 of the Fin		
1a. ORGANIZATION'S NAME			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Zumbro	Ona	L	
1c. MAILING ADDRESS 3716 Scotts Valley Dr	сіту Klamath Falls	STATE POSTAL CODE OR 97601	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r	name; do not omit, modify, or abbreviate any part of the	he Debtor's name); if any part of the	e Individual Debtor's
	the Individual Debtor information in item 10 of the Fin	ancing Statement Addendum (Forn	UCC1Ad)
2a. ORGANIZATION'S NAME			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED 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	STATE POSTAL CODE	COUNTRY
	DuPont	WA 98327	USA
4. COLLATERAL: This financing statement covers the following collateral: Perfection: Purchase Money Security Interest - In Fixt Solar system and all of its components installed at 37 R-3809-015D0-02400-000 Alt Parcel: R875654 Situs	16 Scotts Valley Dr Klamath Falls	s, OR 97601 Parcel:	
Abbreviated Legal Description: Lot 5 of Tract 1295, F			
official plat thereof on file in the office of the County C		For Complete Legal D	escription
refer to Sale Instrument #2009-014789 Date: 11/17/20	009		

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

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

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

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

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

2305 97402

being administered by a Decedent's Personal Representative

Non-UCC Filing

Licensee/Licensor

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

Agricultural Lien

Bailee/Bailor

**2022-004974** Klamath County, Oregon

04/19/2022 11:53:01 AM

## **UCC FINANCING STATEMENT ADDENDUM**

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SUFFIX				
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Debtor name that did not fit in				
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CITY		STATE	POSTAL CODE	COUNTRY
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CITY	;	STATE	POSTAL CODE	COUNTRY
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16. Description of real estate Perfection: Purcha equipment includir and all of its compo	se Money Sec ng but not limite	curity l	Interest - In Fixtur the complete Sola 716 Scotts Valley	re. All Solar ar system
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## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

Council   Coun	ame that did not fit in lin tress in line 10c	STATE  NAME: Provide only one r	POSTAL CODE	SUFFIX COUNTRY
SUITION FIRST PERSONAL NAME Ona ADDITIONAL NAME(S)INITIAL(S) L THE ABOVE SPACE IS FOR FILING OFFICE USE OI O. DEBTOR'S NAME: Provide (10s or 10b) only one additional Debtor name or Debtor name that did not filt in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, filter of not not min. Individual or subtreviate any part of the Debtor's name) and enter the mailing address in line 10c  10s. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  Oc. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COU  11s. ORGANIZATION'S NAME  11s. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFIX  11s. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFIX  22. ADDITIONAL SPACE FOR ITEM 4 (Collisteral):  3. M This FINANCING STATEMENT is to be filled [for recorded] in the 14. This FINANCING STATEMENT:  REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD. OWNER of real estate described in item 16  16. Description of real estate:  16. State of the financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, fill and not fill in line 1b or 2b of the Financing Statement (Form UCC1)	ame that did not fit in lin tress in line 10c	STATE  NAME: Provide only one r	POSTAL CODE	SUFFIX
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do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c    Tob. ORGANIZATION'S NAME   Tob. INDIVIDUAL'S SURNAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S FIRST PERSONAL NAME   INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)   SUFI	dress in line 10c	STATE NAME: Provide only <u>one</u> r	POSTAL CODE	SUFFIX
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