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)				
2313 89224	$\neg \mid$			
CSC 801 Adlai Stevenson Drive Springfield, IL 62703				
Filed	In: Oregon (Klamath)			
	`	THE ABOVE SPACE I	S FOR FILING OFFI	ICE USE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide to the name will not fit in line 1b, leave all of item 1 blank, check here and provide to the name will not fit in line 1b, leave all of item 1 blank, check here and provide to the name will not fit in line 1b, leave all of item 1 blank, check here are not not name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here.)		fy, or abbreviate any part of the E ormation in item 10 of the Financi		
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME Schill	FIRST PERSONAL NAME  Dustin		DITIONAL NAME(S)/INI	ITIAL(S) SUFFIX
1c. MAILING ADDRESS 1736 Crest St			ATE POSTAL CODE	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full i		iv an abbreviate and next of the F	Sabtaria manasis if anno no	ant of the Individual Debter'
<u></u>		ormation in item 10 of the Financi		
2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME  Davis	FIRST PERSONAL NAME Cheyenne		DDITIONAL NAME(S)/INITIAL(S) SUFFI.	
2c. MAILING ADDRESS 1736 Crest St	CITY Klamath Falls		POSTAL CODE 97603	COUNTRY USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide o	only one Secured Party name (3a	a or 3b)	,
3a. ORGANIZATION'S NAME Community 1st Credit Union				
OR 3b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADI		DITIONAL NAME(S)/INI	ITIAL(S) SUFFIX
SS. INDIVIDUAL S SURVAINE	FIRST PERSONAL NAIME		DITIONAL NAME(O)/INI	TIAL(3)
3c. MAILING ADDRESS PO Box 870	CITY DuPont		ATE POSTAL CODE	COUNTRY
4 COLLATERAL: This financing eleterated account to following collected:				
4. COLLATERAL: This financing statement covers the following collateral: Perfection: Purchase Money Security Interest - In Fixing	ture. All Solar e	quipment including b	out not limited t	o the complete
Solar system and all of its components installed at 17	36 Crest St Kla	math Falls, OR 9760	03 Parcel:	
R-3909-003AB-04100-000 Alt Parcel: R523972 Situs		-	•	
Legal Description: The East one half of Lot 9, MILLEF Vacated alley Block F, HOMECREST, according to the				
Klamath County Oregon. For Complete Legal Descrip				

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 Lessee/Lessor Consignee/Consignor 7. ALTERNATIVE DESIGNATION (if applicable): Seller/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA:

**2022-005630** Klamath County, Oregon

05/03/2022 01:41:01 PM

## **UCC FINANCING STATEMENT ADDENDUM**

	ng Statement; if line 1b was left blank	7		
9a. ORGANIZATION'S NAME		-		
9b. INDIVIDUAL'S SURNAME Schill				
FIRST PERSONAL NAME  Dustin				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPA	CE IS FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional do not omit, modify, or abbreviate any part of the Debtor's name)		in line 1b or 2b of the Financ	ing Statement (Form UCC1) (ι	ise exact, full name
10a. ORGANIZATION'S NAME				
R 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
c. MAILING ADDRESS	FIRST PERSONAL NAME	STA	TE POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	I			<u> </u>
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. This FINANCING STATEMENT is to be filed [for record] (or recent REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described.	covers timber to b	e cut covers as-extrac	oted collateral <b>⊭</b> is filed a	s a fixture filing

## **UCC FINANCING STATEMENT ADDENDUM**

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing	g Statement; if line 1b was left blar	nk			
because Individual Debtor name did not fit, check here  9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME Schill					
FIRST PERSONAL NAME  Dustin					
ADDITIONAL NAME(S)/INITIAL(S)	SUF		HE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
. DEBTOR'S NAME: Provide (10a or 10b) only one additional D do not omit, modify, or abbreviate any part of the Debtor's name) at			or 2b of the Financing S	Statement (Form UCC1) (us	e exact, full nam
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
11b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS	FIRST PERSONA	LIVOIVIL	STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
This FINANCING STATEMENT is to be filed [for record] (or rec REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described	covers tir	nber to be cut	covers as-extracted	collateral 🖊 is filed as	a fixture filing
(if Debtor does not have a record interest):	Oregon. Fo		Legal Descripti 3/28/2020	ion refer to Sale I	nstrument