UCC FINANCING STATEMENT				Fee: \$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)					
2315 34975					
CSC	•				
801 Adlai Stevenson Drive Springfield, IL 62703					
Filed	In: Oregon (Klamath)				
 	`	THE ABOVE SPAC	E IS FO	R FILING OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full)	name; do not omit,				
<u></u>		or information in item 10 of the Fina			
1a. ORGANIZATION'S NAME					
OR 44 INDIVIDUALIS CHIDNAMS	TEIDOT DEDOON	u NAME T	DDITIO	NIAL NIABAT/CV/INITIAL/CV	OUEEIV
1b. INDIVIDUAL'S SURNAME Davis	Lindsey		R	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1965 Del Moro St	CITY		STATE	POSTAL CODE	COUNTRY
1909 Del Molo St	Klamath Fa		OR	97601	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full		modific or objective one most of the	- Dabtes	'a name \ if any name of the land	inidual Dahtaria
<u>· · · · · · · · · · · · · · · · · · · </u>		or information in item 10 of the Fina			
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSON			NAL NAME(S)/INITIAL(S)	SUFFIX
Bunting	Benjamin		S		
2c. MAILING ADDRESS 1965 Del Moro St	Klamath Fa		STATE	POSTAL CODE	COUNTRY
			OR	97601	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURATION'S NAME Community 1st Credit Union	JRED PARTY): Pro	ovide only one Secured Party name	(3a or 3b))	
3a. OKGANIZATION 3 NAME Community 1st Credit Union					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL 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 Fix Solar system and all of its components installed at 19 R-3809-028BB-08700-000 Alt Parcel: R187906 Situs Legal Description: Hillside, Block 18, Lot 22 For Com Date: 07/21/2015	65 Del More Address: 19	o St Klamath Falls, OR 965 Del Moro St, Klam	8 9760 ath F	01 Parcel: alls, OR 97601 Abl	breviated
5. Check only if applicable and check only one boy: Collateral is held in a Trust	/a IICC1A-I II	17 and Instructions) hoing a	desiminto	and have December Description	Donropontotivo

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

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

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

2315 34975

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

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

2022-005732 Klamath County, Oregon

05/05/2022 09:17:01 AM

UCC FINANCING STATEMENT ADDENDUM

because Individual Debtor name did not fit, check here	g Statement; if line 1b was le	eft blank			
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME Davis					
FIRST PERSONAL NAME Lindsey					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPA	CE IS FOR FILIN	G 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) a 10a. ORGANIZATION'S NAME			e 1b or 2b of the Financ	ing Statement (Form	n UCC1) (use exact, full nan
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
Dc. MAILING ADDRESS	CITY		STA	TE POSTAL COE	DE COUNTRY
. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	ASSIGNOR SECU				
11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADL	ITIONAL NAME(S)/	INITIAL(S) SUFFIX
1c. MAILING ADDRESS 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY		STA	TE POSTAL COD	DE COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				TE POSTAL COD	DE COUNTRY
	corded) in the 14. This FIN	IANCING STATEME rers timber to be cut tion of real estate:	:NT:		DE COUNTRY