

A. NAME & PHONE OF CONTACT AT FILER (optional)

Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

FOLLOW INSTRUCTIONS

2022-006711 Klamath County, Oregon 05/27/2022 12:15:01 PM Fee: \$92.00 **UCC FINANCING STATEMENT** 

	NTACT AT FILER (optional) eturn@wolterskluwer.com						
C. SEND ACK	NOWLEDGMENT TO: (Name and Address)	49471 - Laun	ch Servicing,				
P.O. Bo	Lien Solutions 86802953 P.O. Box 29071						
Glenda	le, CA 91209-9071	OROF					
		FIXTU	IRE				
	File with: Klamath, OR			THE ABOVE SPA	CE IS F	OR FILING OFFICE U	SE ONLY
	NAME: Provide only one Debtor name (1a or 1			**		· · · · · ·	
	t in line 1b, leave all of item 1 blank, check here ATION'S NAME	and provide th	ie individuai Debtor	information in item 10 of the Fin	ancing Sta	atement Addendum (Form t	JCC1Ad)
Ia. ONGANIZ	ATIONS NAME						
OR 1b. INDIVIDUA	AL'S SURNAME			FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
MURRA	Υ		KEN				
1c. MAILING ADDR	RESS		CITY		STATE	POSTAL CODE	COUNTRY
2747 Monteli	us St		Klamath Falls		OR	97601	USA
2. DEBTOR'S	NAME: Provide only <u>one</u> Debtor name (2a or 2	b) (use exact, full n	ame; do not omit, n	nodify, or abbreviate any part of	the Debtor	's name); if any part of the	Individual Debtor's
	t in line 2b, leave all of item 2 blank, check here	and provide th	e Individual Debtor	information in item 10 of the Fin	ancing Sta	ntement Addendum (Form l	JCC1Ad)
2a. ORGANIZ	ATION'S NAME						
OR 25 INDIVIDUA	AL'S SURNAME		FIRST PERSONAL I	NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
25. 1146141607	AL O SOMMANIE		TINOTTENOONAET	WAIGH	Abbillo	VAL IVANICO//IIVITIALO/	COLLIX
2c. MAILING ADDR	PESS		CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED I	PARTY'S NAME (or NAME of ASSIGNEE of A	SSIGNOR SECUR	RED PARTY): Provi	de only <u>one</u> Secured Party nam	ne (3a or 3l	b)	
	ATION'S NAME						
OR EnerBai							
3b. INDIVIDU	AL'S SURNAME		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDR	DE66		CITY		STATE	POSTAL CODE	COUNTRY
	ard Road, Suite 600	- 11-41	Salt Lake City	/	UT	84106	USA
PURCHASE N	: This financing statement covers the following of MONEY SECURITY INTEREST IN SOI	_AR PRODUC					
<b>PHOTOVALT</b>	AIC SOLAR ENERGY EQUIPMENT (IF	ANY), INCLU	DING BUT NO	T LIMITED TO ROOFTO	P OR ĠF	ROUND MOUNT SOL	AR PANELS,
	INVERTERS, MICROINVERTERS OF ONS OR REPLACEMENTS OF THE SA						

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							
3a. Check <u>only</u> if applicable and check	only one box:			6b. Check only if applicable	and check <u>only</u> one box:		
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transmi	itting Utility	Agricultural Lien	Non-UCC Filing		
7. ALTERNATIVE DESIGNATION (if ap	pplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor		
B. OPTIONAL FILER REFERENCE DATA:							
86802953			LenderCode	ENRBK2			

RESPECT TO THE REFERENCED COLLATERAL.

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

FOLLOW INSTRUCTIONS		1		
<ol> <li>NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here</li> </ol>	ement; if line 1b was left blank			
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
MURRAY				
FIRST PERSONAL NAME				
KEN				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	IS FOR FILING OFF	ICE USE ONL
D. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debt	or name or Debtor name that did not fit in li	ine 1b or 2b of the Financing S	statement (Form UCC1) (u:	se exact, full name
do not omit, modify, or abbreviate any part of the Debtor's name) and e	enter the mailing address in line 10c			
10a. ORGANIZATION'S NAME				
OR 10b. INDIVIDUAL'S SURNAME				
TOD. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL OF INCITE ENCOUNTE INVITE				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECURED PARTY'S N	IAME: Provide only one nam	ne (11a or 11b)	
11a. ORGANIZATION'S NAME			(114 01 115)	
DR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	•	•		•
3. This FINANCING STATEMENT is to be filed [for record] (or reco	rded) in the 14. This FINANCING STATE	EMENT:		
REAL ESTATE RECORDS (if applicable)	covers timber to be o	cut	collateral X is filed as	a fixture filing
5. Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):	in item 16 16. Description of real estate	<b>:</b> :		
	Recorded: 05/2	21/2021		
	Instrument #: 2			
	IIIstrument#. 2	.02 1-000/30		
	i Legal Descripti	on as per last de		
	PARCEL 2 OF			
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	PARCEL 2 OF PORTION OF I		AND PARTIT	ION
	PARCEL 2 OF PORTION OF I	PARCEL 2 OF L ED IN THE SW	AND PARTIT	ION

**Debtor: MURRAY, KEN** 

# **Exhibit for Real Estate**

# **16. Description of real estate:** Continued

SECTION 20, TOWNSHIP 38 SOUTH, RANGE 9 EAST OF THE WILLAMETTE MERIDIAN, KLAMATH COUNTY, OREGON.

TOGETHER WITH A 20-FOOT NON-EXCLUSIVE CASEMENT FOR INGRESS AND EGRESS AS CONTAINED ON THE LAND PARTITION PLAT 16-96 FILED JUNE 21, 1996, MICROFILM RECORDS OF KLAMATH COUNTY, OREGON.

APN: R880134

