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)				
2336 08306 CSC 801 Adlai Stevenson Drive	\neg			
Springfield II 62703	In: Oregon			
	(Klamath) THE ABOVE SP	ACE IS F	OR FILING OFFICE USE C	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full r				
name will not fit in line 1b, leave all of item 1 blank, check here and provide t 1a. ORGANIZATION'S NAME	he Individual Debtor information in item 10 of the I	-inancing S	tatement Addendum (Form UC	C1Ad)
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
Melsness	Franklin	J		
1c. MAILING ADDRESS 62231 Highway 140 E	CITY Bly	STATE	POSTAL CODE 97622	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r	I ame; do not omit, modify, or abbreviate any part o	of the Debto	or's name); if any part of the Inc	lividual Debtor's
	he Individual Debtor information in item 10 of the I	Financing S	tatement Addendum (Form UC	C1Ad)
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
Melsness	Janet	G		
2c. MAILING ADDRESS 62231 Highway 140 E	CITY Bly	STATE	POSTAL CODE 97622	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	I RED PARTY): Provide only <u>one</u> Secured Party na	me (3a or 3	(b)	
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	DuPont	STATE	POSTAL CODE 98327	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:				
4. COLLATERAL: This financing statement covers the following collateral: Perfection: Purchase Money Security Interest - In Fixt	ure. All Solar energy equipmen	t includ	ing but not limited t	o the
complete Solar system and all of its components insta Parcel: 404949 Situs Address: 62231 Highway 140 E.				
Block Sec 2, Tract Por Lots 3 & 4, Acres 36.00, Poten	•	_		•
Sale Instrument #2015-10747 Date: 9/30/2015	•	•	3 1	
			ered by a Decedent's Personal	
6a. Check only if applicable and check only one box:			if applicable and check <u>only</u> of	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricu	ıltural Lien Non-UCC I	riling

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

2336 08306

2022-007215 Klamath County, Oregon

06/09/2022 09:44:01 AM

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

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

or name did not fit, check here						
NAME						
E(S)/INITIAL(S)	s	SUFFIX	THE ABOVE	SPACE	S FOR FILING OFFICE	ELISE ONLY
abbreviate any part of the Debtor's name) ar						
SNAME						
RNAME						
RST PERSONAL NAME						
DITIONAL NAME(S)/INITIAL(S)						SUFFIX
	CITY			STATE	POSTAL CODE	COUNTRY
RNAME	FIRST PERSO	NAL NAME		ADDITIO STATE	NAL NAME(S)/INITIAL(S)	SUFFIX
E FOR ITEM 4 (Collateral):						
CORDS (if applicable) RECORD OWNER of real estate described is a record interest): SSS S	n item 16 16. Description Perfection energy ec system al Bly, OR 9 62231 Hit Description Acres 36.	s timber to be on of real estate n: Purcha quipment all of it of 22 Par ghway 14 on: Twp 3.00, Potel	se Money Se including but s component cel: R404949 0 E, Bly, OR 7 Rnge 14, Batial Additiona	ecurity not lim is insta 9 Alt Pa 97622 Block S al Tax I	Interest - In Fixtunited to the comp Illed at 62231 Hig arcel: 404949 Sit Abbreviated Leg ec 2, Tract Por L Liability For Com	re. All Sola dete Solar dhway 140 dus Address gal ots 3 & 4, plete Legal
	abbreviate any part of the Debtor's name) at S NAME S NAME JRNAME RST PERSONAL NAME DDITIONAL NAME(S)/INITIAL(S) ECURED PARTY'S NAME or S NAME S NAME JRNAME E FOR ITEM 4 (Collateral): STATEMENT is to be filed [for record] (or record) (or record) (or record) (if applicable)	EPROVIDE (10a or 10b) only one additional Debtor name or Debtor name the abbreviate any part of the Debtor's name) and enter the mailing address in S NAME JRNAME JRNAME RST PERSONAL NAME DDITIONAL NAME(S)/INITIAL(S) CITY ECURED PARTY'S NAME or ASSIGNOR SECURE S NAME JRNAME FIRST PERSONAL SECURE OF THE STATEMENT is to be filed [for record] (or recorded) in the ECORDS (if applicable) RECORD OWNER of real estate described in item 16 es a record interest): ess ess 1440 E BY PROVIDED TO THE SECURE OF THE SECUR	E. Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in abbreviate any part of the Debtor's name) and enter the mailing address in line 10c S NAME JRNAME RST PERSONAL NAME DDITIONAL NAME(S)/INITIAL(S) CITY ECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S S NAME JRNAME FIRST PERSONAL NAME CITY E FOR ITEM 4 (Collateral): STATEMENT is to be filed [for record] (or recorded) in the ECORDS (if applicable) RECORD S (if applicable) RECORD OWNER of real estate described in item 16 ea record interest): ess ess 1440 E Bly, OR 97622 Par 62231 Highway 14 Description: Twp 3 Acres 36.00, Poter	THE ABOVE Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the F abbreviate any part of the Debtor's name) and enter the mailing address in line 10c S NAME JRNAME RST PERSONAL NAME DIDITIONAL NAME(S)/INITIAL(S) CITY ECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide of S NAME JRNAME FIRST PERSONAL NAME CITY EFOR ITEM 4 (Collateral): STATEMENT is to be filed [for record] (or recorded) in the covers timber to be cut covers assection of real estate: Perfection: Purchase Money Seenergy equipment including but system and all of its component Bly, OR 97622 Parcel: R404948 62231 Highway 140 E, Bly, OR Description: Twp 37 Rnge 14, BAcres 36.00, Potential Additional abbreauting address in line 10c S NAME LITY CITY LITY LITY	THE ABOVE SPACE Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing S abbreviate any part of the Debtor's name) and enter the mailing address in line 10c S NAME JENNAME JENNAM	THE ABOVE SPACE IS FOR FILING OFFICI Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (us abbreviate any part of the Debtor's name) and enter the mailing address in line 10c S NAME JRNAME RST PERSONAL NAME DITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE ECURED PARTY'S NAME IPOSTAL CODE FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME CITY STATE POSTAL CODE EFOR ITEM 4 (Collateral): STATE FOSTAL CODE STATE FOSTAL CODE This FINANCING STATEMENT: CORDS (if applicable) RECORDS (if opplicable) RECORDS (if applicable) RECORDS (if applicable