

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

2022-010472 Klamath County, Oregon 08/30/2022 08:37:01 AM Fee: \$92.00 **UCC FINANCING STATEMENT** FOLLOW INSTRUCTIONS

B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 494	471 - Launch Servicing,				
Lien Solutions P.O. Box 29071	88475943				
	OROR				
,	FIXTURE 1				
	INTOINE				
File with: Klamath, OR		THE ABOVE SPACE	S FOR FILIN	G OFFICE US	E ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us		* * * * * * * * * * * * * * * * * * * *	**		
name will not fit in line 1b, leave all of item 1 blank, check here at a. ORGANIZATION'S NAME	and provide the Individual Debtor	information in item 10 of the Financir	g Statement Ac	Idendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME					
OR 1b, INDIVIDUAL'S SURNAME	FIRST PERSONAL N	JAME JAD	DITIONAL NAME(CMNITIAL (C)	SUFFIX
MULFORD	KENNETH	IAME	DITIONAL NAME(3)/INITIAL(3)	SOFFIX
1c. MAILING ADDRESS	CITY	STA	TE POSTAL	CODE	COUNTRY
2125 Darrow Avenue 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us	Klamath Falls				USA
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	and provide the Individual Debtor	information in item 10 of the Financir	g Statement Ac	Idendum (Form U	CC1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	JAME AD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
MULFORD	JUDITH		, , , , , , , , , , , , , , , , , , , ,		
2c. MAILING ADDRESS	CITY	STA	ATE POSTAL	CODE	COUNTRY
2125 Darrow Avenue	Klamath Falls	lo	R 97603		USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	NOR SECURED PARTY): Provid	de only one Secured Party name (3a	or 3b)		<u>'</u>
3a. ORGANIZATION'S NAME	,		,		
EnerBankUSA					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME AD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STA	ATE POSTAL	CODE	COUNTRY
1245 Brickyard Road, Suite 600	Salt Lake City	, υ	T 84106	j .	USA
4. COLLATERAL: This financing statement covers the following collate PURCHASE MONEY SECURITY INTEREST IN SOLAR PHOTOVALTAIC SOLAR ENERGY EQUIPMENT (IF AN ELECTRICAL INVERTERS, MICROINVERTERS OR PC AND ADDITIONS OR REPLACEMENTS OF THE SAME RESPECT TO THE REFERENCED COLLATERAL.	PRODUCT FIXTURES: A IY), INCLUDING BUT NOT WER OPTIMIZERS, CAB	T LIMITED TO ROOFTOP OF LES AND WIRES, SUPPOR	R GROUND ΓBRACKET	MOUNT SOLA S, RELATED	AR PANELS, EQUIPMENT,

5. Check <u>only</u> if applicable and check <u>only</u> one	box: Collateral is held in a Trus	st (see UCC1Ad, item 17 and	Instructions)	being administered by a Dec	cedent's Personal Representat	ive
6a. Check <u>only</u> if applicable and check <u>only</u> o	ne box:			6b. Check only if applicable	and check only one box:	
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transmit	tting Utility	Agricultural Lien	Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicabl	le): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: 88475943 Loa	ınID 319478			LenderCode	ENRBK2	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

FOLLOWINSTRUCTIONS		_				
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	f line 1b was left blank					
because Individual Debtor name did not fit, check here						
SA. ORGANIZATIONS NAME						
OR 9b. INDIVIDUAL'S SURNAME						
MULFORD						
FIRST PERSONAL NAME KENNETH						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
ADDITIONAL NAME(S)INITIAL(S)	SOFFIX	THE ABOVE		E IS EOD EILING OFFI	SELICE ONLY	
40 DEPLODES NAME: Provide (40e or 40h) only one additional Debter name	ar Dahtar nama that did not fit in			totament (Form UCC1) (voc		
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		line 1b or 2b or the Fina	ancing S	tatement (Form OCC1) (use	exact, full name;	
10a. ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
INDIVIDUAL 3 ADDITIONAL INNIE(0)/INTITIAL(0)					JOHN	
10c. MAILING ADDRESS	CITY	1	STATE	POSTAL CODE	COUNTRY	
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIG	NOR SECURED PARTY'S I	NAME: Provide only o	ne nam	e (11a or 11b)		
11a. ORGANIZATION'S NAME				,		
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
				I		
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
42 ADDITIONAL CDACE FOR ITEM 4 (Callabarell)						
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
	T = =					
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	I —	_				
	covers timber to be		tracted	collateral X is filed as a	fixture filing	
15. Name and address of a RECORD OWNER of real estate described in item 1 (if Debtor does not have a record interest):	16	e.				
	Recorded: 12/	12/23/2021 #: 2021-019000				
	I I I Sti ul I I Ci It #. 2					
	Legal Descript	ion as nor lo	et da	and of record		
		cription as per last deed of record				
		592 IN BLOCK 108 OF MILLS ADDITION TO				
		THE CITY OF KLAMATH FALLS, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE				
	See Exhibit for Rea		KEC	ON FILE IN	IUC	
	_					
17. MISCELLANEOUS: 88475943-OR-35 49471 - Launch Servicing, LL En	erBankUSA	File with: Klamath, OR	Loan	ID 319478 LenderCode ENRB	K2	

Debtor: MULFORD, KENNETH

Exhibit for Real Estate

16. Description of real estate: Continued

OFFICE OF THE COUNTY CLERK OF KLAMATH

COUNTY, OREGON.

APN: R479761

