2022-011384 Klamath County, Oregon

			09/21/2022 08:12:0 Fee: \$87.00	01 AM
UCC FINANCING STATEMENT 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)			_	
2397 13990 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon (Klamath)	THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (     name will not fit in line 1b, leave all of item 1 blank, check here	•	modify, or abbreviate any part of the Del or information in item 10 of the Financing		
1a. ORGANIZATION'S NAME			$\smile$	
1b. INDIVIDUAL'S SURNAME  Preston	FIRST PERSONA Scott	AL NAME ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1919 Melrose St	CITY Klamath Fa	alls STAT		COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (				
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the individual Deol	or information in item 10 of the Financing	Statement Addendum (Form t	JCC1Ad)
OR 26. INDIVIDUAL'S SURNAME Preston	FIRST PERSONA Janell	AL NAME ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 1919 Melrose St	Klamath Fa	alls OF		COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE OF ASSIGNMENT O	SIGNOR SECURED PARTY): Pro Union	ovide only <u>one</u> Secured Party name (3a o	<b>r</b> 3b)	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 870	CITY DuPont	STAT WA	POSTAL CODE 98327	COUNTRY
4. COLLATERAL: This financing statement overs the following collection: Purchase Money Security Interest complete Solar system and all of its comport Alt Parcel: 304897 Situs Address: 1919 Mel Springs, Block 37, Lot 17 Thru 19 Por For C 07/07/2009	nents installed at 1919 rose St, Klamath Fall	9 Melrose St Klamath Fall s, OR 97601 Abbreviated	s, OR 97601 Parce Legal Description:	l: R30489 Hot
5. Check only if applicable and check only one box: Collateral is	held in a Trust (see UCC1Ad, item	17 and Instructions) being admin	istered by a Decedent's Persor	nal Representati

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
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	rer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	0007.40006

2397 13990

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here	nt; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR					
9b. INDIVIDUAL'S SURNAME					
Preston FIRST PERSONAL NAME					
Scott					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
J	75	HE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY		
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nam do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	ne or Debtor name that did not fit in line 1b o				
10a. ORGANIZATION'S NAME					
OR					
10b. INDIVIDUAL'S SURNAME	. ( )	) ·			
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		4	SUFFIX		
10c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG	GNOR SECURED PARTY'S NAM	E: Provide only one name (11a or 11b)			
11a. ORGANIZATION'S NAME	1				
OR 11b. INDIVIDUAL'S SURNAME	FIDOT DEDOONAL NAME	ADDITIONAL MAME (Q) WANT AL (Q)	OUEEIV		
TTD. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
11c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)					
15. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut  16. Description of real estate:	covers as-extracted collateral	fixture filing		
(if Debtor does not have a record interest): Scott J Preston		Perfection: Purchase Money Security Interest - In Fixture. All Solar			
Janell L Preston		ding but not limited to the comple			
1919 Melrose St system and all of its components installed at 1919 Melrose St Klamath Falls, OR 97601 Klamath Falls, OR 97601 Parcel: R304897 Alt Parcel					
Klamath Falls, OR 97601	Address: 1919 Melrose St, Klamath Falls, OR 97601 Abbreviated				
		Springs, Block 37, Lot 17 Thru 19			
	Complete Legal Descrip Date: 07/07/2009	otion refer to Sale Instrument #20	009-00920		
17. MISCELLANEOUS:					