

2022-012977

Klamath County, Oregon

11/02/2022 12:12:02 PM

Fee: \$87.00

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                             |                                 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 52667 - Launch - Sunlight                                                     |                                 |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 89676443<br><br>OROR<br>FIXTURE |
| File with: Klamath, OR                                                                                                      |                                 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                                             |                                    |                                |                                    |                      |
|---------------------------------------------|------------------------------------|--------------------------------|------------------------------------|----------------------|
| 1a. ORGANIZATION'S NAME                     |                                    |                                |                                    |                      |
| OR                                          | 1b. INDIVIDUAL'S SURNAME<br>RAWSON | FIRST PERSONAL NAME<br>MICHAEL | ADDITIONAL NAME(S)/INITIAL(S)<br>L | SUFFIX               |
| 1c. MAILING ADDRESS<br>2345 JAMES MARTIN CT |                                    | CITY<br>KLAMATH FALLS          | STATE<br>OR                        | POSTAL CODE<br>97601 |
|                                             |                                    |                                | COUNTRY<br>USA                     |                      |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                         |                          |                     |                               |             |
|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME |                          |                     |                               |             |
| OR                      | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX      |
| 2c. MAILING ADDRESS     |                          | CITY                | STATE                         | POSTAL CODE |
|                         |                          |                     |                               | COUNTRY     |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|                                                 |                          |                     |                               |                      |
|-------------------------------------------------|--------------------------|---------------------|-------------------------------|----------------------|
| 3a. ORGANIZATION'S NAME<br>Alliant Credit Union |                          |                     |                               |                      |
| OR                                              | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX               |
| 3c. MAILING ADDRESS<br>11545 W Touhy Ave        |                          | CITY<br>Chicago     | STATE<br>IL                   | POSTAL CODE<br>60666 |
|                                                 |                          |                     | COUNTRY<br>USA                |                      |

4. COLLATERAL: This financing statement covers the following collateral:

ALL OF THE DEBTOR'S RIGHT, TITLE AND INTEREST IN (A) PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT (IF ANY), INCLUDING BUT NOT LIMITED TO ROOFTOP OR GROUND MOUNT SOLAR PANELS, ELECTRICAL INVERTERS, MICROINVERTERS OR POWER OPTIMIZERS, CABLES AND WIRES, SUPPORT BRACKETS, AND RELATED EQUIPMENT, (B) ANY ADDITIONS TO, OR REPLACEMENTS OF, THE FOREGOING, AND (C) ANY PRODUCTS OR PROCEEDS OF THE FOREGOING. IN ADDITION, THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL AND ALL OTHER PRODUCTS, PROCEEDS, AND ATTACHMENTS.

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

89676443

LoanID 372281

LenderCode SUNANT

# UCC FINANCING STATEMENT ADDENDUM

## FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S SURNAME

RAWSON

FIRST PERSONAL NAME

MICHAEL

ADDITIONAL NAME(S)/INITIAL(S)

L

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: 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) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR 11b. 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 the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Legal Description OLD FORT ESTATES LOT 6&7  
POR PLA APN 3809028DC129  
County: KLAMATH  
Lot: 6  
Section: 3.89e+30

17. MISCELLANEOUS: 89676443-OR-35 52667 - Launch - Sunlight Fi

Alliant Credit Union

File with: Klamath, OR

LoanID 372281

LenderCode SUNANT