

2023-000967

Klamath County, Oregon

02/13/2023 08:24:01 AM

Fee: \$92.00

## 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) 25556 - SOLAR MOSAIC                                                          |                                 |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 91347233<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>Baker | FIRST PERSONAL NAME<br>Steven | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 1c. MAILING ADDRESS<br>4143 Adelaide Ave | CITY<br>Klamath Falls             | STATE<br>OR                   | POSTAL CODE<br>97603          | 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<br>Baker | FIRST PERSONAL NAME<br>Dianna | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 2c. MAILING ADDRESS<br>4143 Adelaide Ave | CITY<br>Klamath Falls             | STATE<br>OR                   | POSTAL CODE<br>97603          | COUNTRY<br>USA |

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>Solar Mosaic LLC       |                          |                     |                               |                |
| OR                                                | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX         |
| 3c. MAILING ADDRESS<br>601 12th Street, Suite 325 | CITY<br>Oakland          | STATE<br>CA         | POSTAL CODE<br>94607          | COUNTRY<br>USA |

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

The collateral includes the following, whether now owned or hereafter acquired, whether now existing or hereafter arising, and wherever located:

1. All solar panels, inverters, battery storage, hot water solar systems, racking systems, wiring, electrical and mechanical connections, metering, monitoring and/or other distributed generation interconnect equipment (collectively, "Solar Equipment") and home improvement products (together with the Solar Equipment, "Purchased Goods") excluding Fixtures (as defined in Article 9 of the UCC), if any (such Purchased Goods which excludes Fixtures are referred to as "Collateralized Goods");

2. All accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to any Collateralized Goods;

3. All proceeds from warranty claims related to the Collateralized Goods, the home improvement agreement between the debtor and solar contractor ("Home Improvement Agreement") and, if debtor has received an operations and maintenance loan, the operations and maintenance agreement between the debtor and its operations and maintenance contractor ("Operations and Maintenance Agreement");

4. All rebates and incentives that are payable as a result of installing the Collateralized Goods except for such rebates and incentives which have been assigned to debtor's solar contractor or operations and maintenance contractor;

5. All debtor's rights, title, interests, and remedies under all agreements, statements and other documentation relating to the Collateralized Goods

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:

91347233

350021

655565

# 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

Baker

FIRST PERSONAL NAME

Steven

ADDITIONAL NAME(S)/INITIAL(S)

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):

(including, without limitation, the Home Improvement Agreement and Operations and Maintenance Agreement); and

6. All consideration received from the collection, sale or other disposition of any property that constitutes Collateralized Goods, including any payment received from any insurer arising from any loss, damage or destruction of any Collateralized Goods and any other payment received as a result of possessing any Collateralized Goods or any proceeds of Collateralized Goods.

All of the collateral described above is intended to be classified as personal property, but to the extent that any portion of such collateral is or becomes classified as a fixture, this filing constitutes a fixture filing as to such collateral. The collateral described above secures a purchase money obligation in favor of the secured party and secured party's lien thereon constitutes a purchase money security interest.

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):

Steven Baker  
4143 Adelaide Ave  
Klamath Falls, OR 97603

16. Description of real estate:

SHADOW HILLS 1ST ADDITION, BLOCK 1, LOT 19,  
ACRES 0.22  
State: OR  
County: Klamath County

Additional Real Property Owner:  
Dianna Baker  
[ See Exhibit for Real Estate ]

17. MISCELLANEOUS: 91347233-OR-35 25556 - SOLAR MOSAIC

Solar Mosaic LLC

File with: Klamath, OR

350021 655565

**Debtor:** Baker, Steven

Exhibit for Real Estate

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

4143 Adelaide Ave  
Klamath Falls, OR 97603

