## 2023-000996

JCC FINANCING STATEMENT OLLOW INSTRUCTIONS	Klamath County, Oregon 02/13/2023 02:38:02 PM Fee: \$87.00			
A. NAME & PHONE OF CONTACT AT FILER (option Name: Wolters Kluwer Lien Solutions Phone:				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Ad	dress) 52667 - Launch - Sunlight			
Lien Solutions	91359682		4	
P.O. Box 29071	<u>.</u>			
Glendale, CA 91209-9071	OROR			
I	FIXTURE <sub>I</sub>			
File with: Klamath, O	R —	THE ABOVE SPACE IS	FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide only one Debtor name (		nodify, or abbreviate any part of the De	btor's name); if any part of t	he Individual Debtor
name will not fit in line 1b, leave all of item 1 blank, check	k here 🔲 and provide the Individual Debtor	information in item 10 of the Financing	Statement Addendum (For	m UCC1Ad)
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	NAME ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
JONES	CHRISTOPI	HER D		
. MAILING ADDRESS	CITY	STA	FE POSTAL CODE	COUNTRY
018 LAWANDA DR	KLAMATH FA	ALLS OF	97601	USA
DEBTOR'S NAME: Provide only one Debtor name (	(2a or 2b) (use exact, full name, do not omit, m	nodify, or abbreviate any part of the De	btor's name); if any part of t	he Individual Debto
name will not fit in line 2b, leave all of item 2 blank, check	k here and provide the Individual Debtor	information in item 10 of the Financing	Statement Addendum (For	m UCC1Ad)
2a. ORGANIZATION'S NAME	7 7	. *		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	NAME ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS	CITY	STA	E POSTAL CODE	COUNTRY
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SECURED PARTY'S NAME (or NAME of ASSIGN	NEE of ASSIGNOR SECURED PARTY): Provi	de only <u>one</u> Secured Party name (3a	or 3b)	
3a. ORGANIZATION'S NAME Alliant Credit Union			, -	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
		( ) N		
c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY
1545 W Touny Ave	Chicago	L L	60666	USA
COLLATERAL: This financing statement covers the foll LL OF THE DEBTOR'S RIGHT, TITLE AND I IMITED TO ROOFTOP OR GROUND MOUN ABLES AND WIRES, SUPPORT BRACKETS OREGOING, AND (C) ANY PRODUCTS OR WARRANTIES ISSUED WITH RESPECT TO	INTEREST IN (A) PHOTOVOLTAIC IT SOLAR PANELS, ELECTRICAL I S, AND RELATED EQUIPMENT, (B) PROCEEDS OF THE FOREGOING	NVERTERS, MICROINVERTE ANY ADDITIONS TO, OR RE IN ADDITION, THE SECURI	ERS OR PÓWER OPT EPLACEMENTS OF, T TY INTEREST INCLU	TIMIZERS, THE IDES ALL

5. Check only if applicable and chec	k <u>only</u> one box: Collateral isheld	in a Trust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a De	ecedent's Personal Representative
6a. Check only if applicable and che	ck <u>only</u> one box:			6b. Check only if applicable	e and check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Trans	saction A Debtor is a Trans	smitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if	applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE 91359682	DATA: LoanID 401094			LenderCode	e SUNANT
				Proparo	d by Lion Solutions B.O. Boy 20071

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

STATE   PROVIDED SECURED PARTY'S NAME   Provide (10 or 100) oby one additional Decor name of Decor name that did not fit in ine 1 bor 20 of the Financial Statement from UCC1) (use exact, full name of not ontill, morely, or abbreviate any part of the Detroin name) and either the making address in line 10c.    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   THE AB	FOLLOWINSTRUCTIONS		•		
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ADDITIONAL NAMES (INTITIALS)  DESTOR'S NAME: Provide (18s or 18th) only one) and only one additional babbor same or Debtor name that did not fit in the 1b or 2s on the Fruncing statement in orm UCC1) (use exact, full name, of not only not only one tradition or above one any part of the Debtor's name) and onter the mailing address in line 1b:  100. DISCARDATIONS NAME  100. INDIVIDUAL'S EVENAME  100. INDIVIDUAL'S FIRST PERSONAL NAME  100. INDIVIDUAL'S FIRST PERSONAL NAME  100. INDIVIDUAL'S SURVAME  100. INDIVIDUAL'S SURVAME  100. INDIVIDUAL'S SURVAME  101. ADDITIONAL SECURED PARTY'S NAME  102. ADDITIONAL SECURED PARTY'S NAME  103. INDIVIDUAL'S SURVAME  104. INDIVIDUAL'S SURVAME  105. INDIVIDUAL'S SURVAME  105. INDIVIDUAL'S SURVAME  106. INDIVIDUAL'S SURVAME  107. STATE POSTAL CODE  107. STATE POSTAL CODE  108. OCCUPATIVE  109. INDIVIDUAL'S SURVAME	FIRST PERSONAL NAME				
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ADDITIONAL SECURED PARTY'S NAME   ASSIGNOR SECURED PARTY'S NAME   Provide only one name (1/18 of 1/1b)					
ASSIGNOR SECURED PARTY'S NAME   ASSIGNOR SECURED PARTY'S NAME   Provide only one name (11st on 11b)   11st ORGANIZATION'S NAME   ADDITIONAL NAME   ADDITIONAL NAME   ADDITIONAL NAME   ADDITIONAL NAME   ADDITIONAL NAME   STATE   POSTAL CODE   COUNTRY      The MALING ADDRESS   CITY   STATE   POSTAL CODE   COUNTRY	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	D-4-4			SUFFIX
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The Malling address  OTY  STATE POSTAL CODE  COUNTRY  3. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  14. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest):  Legal Description  LA WANDA HILLS BLOCK 4 LOT 1  County: KLAMATH  Block: 4  Lot: 1  Section: 3.98e+16  APN 3908014C0014		NOR SECURED PARTY'S N	IAME: Provide only	one name (11a or 11b)	
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