UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 46322 - SunTrust Bank Lien Solutions 92394368 P.O. Box 29071 **OROR** Glendale, CA 91209-9071

2023-002730 Klamath County, Oregon 04/13/2023 01:43:02 PM

Fee: \$92.00

File with: Klamath, OR THE ABOVE SPACE IS FOR FILING O					
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) on name will not fit in line 1b. leave all of item 1 blank, check here.	<u> </u>	**	,, · · ·		
1a. ORGANIZATION'S NAME	and provide the individual Debtor in	of the financing c	tatement Addendam (Form		
Tb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME ADDITI	ADDITIONAL NAME(S)/INITIAL(S)		
COLLINS	CYNTHIA				
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
5338 VILLA DR	KLAMATH FAL	_s OR	97603-8093	USA	
. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b)	(use exact, full name; do not omit, mod	ify, or abbreviate any part of the Debt	or's name); if any part of the	Individual Debto	
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor inf	ormation in item 10 of the Financing S	tatement Addendum (Form	UCC1Ad)	
2a. ORGANIZATION'S NAME					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME ADDITI	ADDITIONAL NAME(S)/INITIAL(S)		
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS	SIGNOR SECURED PARTY): Provide	only one Secured Party name (3a or	3b)	•	
3a. ORGANIZATION'S NAME					
SERVICE FINANCE COMPANY, LLC					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDITI	ADDITIONAL NAME(S)/INITIAL(S)		
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
555 SOUTH FEDERAL HWY SUITE 200	BOCA RATON	FL	33432	USA	
. COLLATERAL: This financing statement covers the following coll	lateral:	<u> </u>	•	•	
SOLAR EQUIPMENT					

FIXTURE

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 <u>only</u> if applicable and check <u>only</u> 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/But	/er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 92394368 3522544	



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 CO. INDIVIDUALIS SURNAME.						
90. INDIVIDUAL'S SURNAME						
COLLINS						
FIRST PERSONAL NAME CYNTHIA						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
, be the twint (e)		0011100	THE ABOVE	SDACE	IS FOR FILING OFFI	CE LISE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one addi	tional Debtor name or Debtor name	a that did not fit in l				
do not omit, modify, or abbreviate any part of the Debtor's n				iancing o	tatement (i omi occi) (us	e exact, full flame,
10a. ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
INDIVIDUAL O ADDITIONAL NAME(O)/INITIAL(O)						30111X
10c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECUR	RED PARTY'S N	IAME: Provide only	one nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME				_	,	
OR .						
OR 11b. INDIVIDUAL'S SURNAME	/IDUAL'S SURNAME FIRST PERSONAL NAM			ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	OUTV			07475	I DOOTAL CODE	COLUNTRY
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
13. This FINANCING STATEMENT is to be filed [for recor	d] (or recorded) in the 14. This FI	NANCING STATE	EMENT:			
REAL ESTATE RECORDS (if applicable)	co	vers timber to be	cut 🔲 covers as-e	extracted	collateral X is filed as	a fixture filing
15. Name and address of a RECORD OWNER of real estate (if Debtor does not have a record interest):	described in item 16 16. Descrip	ption of real estate	2:			
(ii bestor does not have a record interest).		051 # 000	0.04450.44	0000		
	PAR(JEL# 390	9-011DC-1	3200		
	COLI		_			
		VILLA DE				
	KLAN	/IATH FAL	LS OR 976	303		
	lieg/	AL DESCE	RIPTION: V	ΉΙΙΑ	PLACE TRAC	T 1454

17. MISCELLANEOUS: 92394368-OR-35 46322 - SunTrust Bank

SERVICE FINANCE COMPANY, LLC File with: Klamath, OR

[See Exhibit for Real Estate]

3522544

Debtor: COLLINS, CYNTHIA

Exhibit for Real Estate

16. Description of real estate: Continued

LOT-13

DEED DOC# 2021-3861 DATE 03.11.2021

