UCC FINANCING STATEMENT				Fee: \$87.00	
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFilling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2734 46863 CSC					
801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	d In: Oregon (Klamath)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	`	THE ABOVE SPA	ACE IS FO	OR FILING OFFICE USE O	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full n	ame; do not omit, mo				
not fit in line 1b, leave all of item 1 blank, check here  and provide  1a. ORGANIZATION'S NAME	the Individual Debtor	information in item 10 of the Financ	ing Stateme	ent Addendum (Form UCC1Ad)	
OR					
1b. INDIVIDUAL'S SURNAME BRIONES	VETSY	FIRST PERSONAL NAME VETSY		DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 4480 MEMORIE LANE	CITY KLAMATH	FALLS	STATE	POSTAL CODE 97603	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n					Debtor's name will
	the Individual Debtor	information in item 10 of the Financ	ing Stateme	ent 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 SECUR	DED DADTO: Describ	h Cd Dh (/	2 25)		
3a. ORGANIZATION'S NAME FIFTH Third Bank, N.A.	RED PARTY): Provid	e only <u>one</u> Secured Party hame (.	sa or sb)		
OR					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		DNAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS Fifth Third Bank - Dividend, 38	CITY		STATE	POSTAL CODE	COUNTRY
Fountain Sq Plaza, 1MOBA5	Cincinnati		OH	45263	USA
4. COLLATERAL: This financing statement covers the following collateral: The collateral described below is located at the Debt AND INTEREST IN PHOTOVOLTAIC SOLAR ENER ROOFTOP SOLAR PANELS ELECTRICAL INVERT EQUIPMENT MONITORING EQUIPMENT SMART IN ADDITION THE SECURITY INTEREST INCLUDI REFERENCED COLLATERAL ANY RENEWABLE IS (REFERRED TO AMONG OTHER THINGS AS SRE (PERFORMANCE-BASED INCENTIVES) AND ANY SUPPORT RENEWABLE ENERGY PRODUCTION RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY CREATE A SECURITY INTEREST IN THE DEBTOR RECORDS.	RGY EQUIPMERS CABLE METERS AN ES ALL WAR ENERGY OR ECS) ANY RE OTHER ECT THAT BORF GY EQUIPME	MENT (IF ANY) INCLES AND WIRES SUFITED ADDITIONS OR FOR ANTIES ISSUED TO CARBON CERTIFICATION ON THE CONOMIC BENEFITS OWER MAY RECEMENT. THIS SECURIT	LUDING PPORT REPLA WITH I CATES BY PRO BY RELA IVE OF TY AGF	G BUT NOT LIMITE BRACKETS RELA CEMENTS OF TH RESPECT TO THE ON CREDITS DUCTION INCEN TED TO INCENT! R BE ENTITLED TO REEMENT DOES 1	ED TO ATED E SAME. : : TIVES VES TO D AS A
5. Check only if applicable and check only one box: Collateral is held in a Trust  6a. Check only if applicable and check only one box:	t (see UCC1Ad, item			ered by a Decedent's Personal lift applicable and check only one	•
Public-Finance Transaction Manufactured-Home Transaction	☐ A Debtor is a			Itural Lien Non-UCC	

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

2734 46863

**2024-000377** Klamath County, Oregon

01/16/2024 08:07:02 AM

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
BRIONES  FIRST PERSONAL NAME					
VETSY					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFI		HE ABOVE SPACE	SIS FOR FILING OFF	ICE USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter					
10a. ORGANIZATION'S NAME	the maining address in line 100				
10b, INDIVIDUAL'S SURNAME					
TOD. INDIVIDUALS SONNAIVE					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
MAILING ADDRESS	СІТҮ		STATE	POSTAL CODE	COUN
THE MENTS A DEFICES	GITT		OIAIL	T GGIME GGBE	
ADDITIONAL SECURED PARTY'S NAME or AS	SSIGNOR SECURED P	ARTY'S NAME	: Provide only <u>one</u> na	me (11a or 11b)	
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	IAME	ADDITI	ONAL NAME(S)/INITIAL(S	S) SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNT
	CITY		STATE	POSTAL CODE	COUNT
	CITY		STATE	POSTAL CODE	COUNT
MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY		STATE	POSTAL CODE	COUNT
	CITY		STATE	POSTAL CODE	COUNT
	CITY		STATE	POSTAL CODE	COUNT
	CITY		STATE	POSTAL CODE	COUNT
ADDITIONAL SPACE FOR ITEM 4 (Collateral):			STATE	POSTAL CODE	COUNT
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	n the 14. This FINANCING	_			
	n the 14. This FINANCING	er to be cut	STATE		COUNT
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)  Warne and address of a RECORD OWNER of real estate described in item of the political of the political control of the pol	n the 14. This FINANCING  covers timb 16 16. Description of re	er to be cut	] covers as-extracted		as a fixture filinç
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	n the 14. This FINANCING  covers timb 16 16. Description of re  THE FOLLO  COUNTY OF	er to be cut al estate: WING DES	] covers as-extracted SCRIBED REA H AND STATI	collateral  ✓ is filed	as a fixture filing IN THE FREE OF