UCC FINANCING STATEMENT				Fee: \$102.00	
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 46184 CSC 801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	In: Oregon (Klamath)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATI	ON	THE ABOVE SPA	CE IS FO	OR FILING OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name not fit in line 1b, leave all of item 1 blank, check here and provide the late of the l		dify, or abbreviate any part of the D information in item 10 of the Financir			Debtor's name will
OR 1b. INDIVIDUAL'S SURNAME MOORE	FIRST PERSONA BROOKE	IL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1103 NEWCASTLE AVENUE	CITY KLAMATH	FALLS	STATE	POSTAL CODE 97601	COUNTRY
2a. ORGANIZATION'S NAME	ne Individual Debtor	information in item 10 of the Financir	ig Stateme	nt Addendum (Form UCC1Ad)	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE 3a. ORGANIZATION'S NAME Fifth Third Bank, N.A.	ED PARTY): Provid	e only <u>one</u> Secured Party name (3a	a or 3b)		
· ·					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	IL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS Fifth Third Bank - Dividend, 38 Fountain Sq Plaza, 1MOBA5	Cincinnati		STATE OH	POSTAL CODE 45263	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: The collateral described below is located at the Debto AND INTEREST IN PHOTOVOLTAIC SOLAR ENERGY ROOFTOP SOLAR PANELS ELECTRICAL INVERTE EQUIPMENT MONITORING EQUIPMENT SMART MIN ADDITION THE SECURITY INTEREST INCLUDE REFERENCED COLLATERAL ANY RENEWABLE EI (REFERRED TO AMONG OTHER THINGS AS SRECOUTED (PERFORMANCE-BASED INCENTIVES) AND ANY COURT RENEWABLE ENERGY PRODUCTION TRESULT OF THE PHOTOVOLTAIC SOLAR ENERGY CREATE A SECURITY INTEREST IN THE DEBTOR RECORDS.	GY EQUIPMERS CABLE METERS AN S ALL WAR NERGY OR CS) ANY RE OTHER ECT THAT BORF Y EQUIPME	MENT (IF ANY) INCLES AND WIRES SUPI ID ADDITIONS OR RESEAUTIES ISSUED VER CARBON CERTIFICENEWABLE ENERGYONOMIC BENEFITS ROWER MAY RECEITENT. THIS SECURIT	UDING PORT EPLA VITH F CATES Y PRC RELA VE OF Y AGF	BUT NOT LIMITE BRACKETS RELA CEMENTS OF THE RESPECT TO THE OR CREDITS DUCTION INCENTA TED TO INCENTIA R BE ENTITLED TO REEMENT DOES N	ED TO LITED E SAME. TIVES VES TO D AS A
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (s	see UCC14d item :	17 and Instructions) being	administe	ered by a Decedent's Personal R	Representative
6a. Check only if applicable and check only one box:	OGO IAU, ILEITI			if applicable and check <u>only</u> one	-
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	a Transmitting Utility	Agricul	Itural Lien Non-UCC F	Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	or Seller/Buyer	☐ Ba	ailee/Bailor Licens	ee/Licensor

2024-000390 Klamath County, Oregon

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8. OPTIONAL FILER REFERENCE DATA:

9a. ORGANIZATION'S NAME	ne 1b was left blank			
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9b. INDIVIDUAL'S SURNAME MOORE				
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do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mail 10a. ORGANIZATION'S NAME	ling address in line 10c			
AND				
10b. INDIVIDUAL'S SURNAME				
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MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement;	if line 1h was left blank			
ecause Individual Debtor name did not fit, check here	III IIIIe 10 was leit blailk			
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
MOORE				
FIRST PERSONAL NAME				
BROOKE				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEDTORIO MANE			CE IS FOR FILING OFF	
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		b or 2b of the Financing St	atement (Form UCC1) (use e	exact, full name;
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME/SVINITIAL /SV				Telleriy
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S	S) SUFFIX
11b. INDIVIDUAL'S SURNAME			ITIONAL NAME(S)/INITIAL(S	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD		S) SUFFIX COUNTRY
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9b. INDIVIDUAL'S SURNAME MOORE					
FIRST PERSONAL NAME					
BROOKE					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debt	tor name or Debtor name tha			IS FOR FILING OFFIC ent (Form UCC1) (use ex	
do not omit, modify, or abbreviate any part of the Debtor's name) and of 10a. ORGANIZATION'S NAME	enter the mailing address in I	ine 10c			
TUB. ORGANIZATION S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNT
ADDITIONAL SECURED PARTY'S NAME or	 ASSIGNOR SECUF	RED PARTY'S NAME	Provide only one nam	(11a or 11b)	
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