2024-003540

Klamath County, Oregon

05/07/2024 11:16:02 AM Fee: \$82.00

| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS   |  | _                       |  |                  |
|---|--|-------------------------|--|------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 877-505-5400   |  |                         |  |                  |
| B. E-MAIL CONTACT AT SUBMITTER (optional)   |  |                         |  |                  |
| recordings@gorequire.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |  |                         |  |                  |
| reQuire Real Estate Solutions, LLC P.O. Box 860 Palm Harbor, FL 34682  SEE BELOW FOR SECURED PARTY CONTACT INFORMAT   |  | rint<br>VE SPACE IS FOR | Reset 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 NALEPA  | FIRST PERSONAL NAME  JASON                         | ADDITIONAL NA           | ME(S)/INITIAL(S)   | SUFFIX           |
| 1c. MAILING ADDRESS 2120 WATSON ST  | CITY<br>KLAMATH FALLS                              | STATE<br>OR             | POSTAL CODE<br>97603   | COUNTRY          |
| 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   | e individual Debtor information in item 10 or the  | erinancing statement    | Addendum (FORM OCCIAD)   |                  |
| OR 2b. INDIVIDUAL'S SURNAME NALEPA  | FIRST PERSONAL NAME MICHELLE                       | ADDITIONAL N            | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX                             |                  |
| 2c. MAILING ADDRESS 2120 WATSON ST  | CITY<br>KLAMATH FALLS                              | STATE<br>OR             | POSTAL CODE 97603  | COUNTRY          |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE 3a. ORGANIZATION'S NAME   | D PARTY): Provide only <u>one</u> Secured Party na | ame (3a or 3b)          | <u>'</u>   |                  |
| Puget Sound Cooperative Credit Union  |  |                         |  |                  |
| OR 3b. INDIVIDUAL'S SURNAME   | FIRST PERSONAL NAME                                | ADDITIONAL              | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX                             |                  |
| 3c. MAILING ADDRESS   | CITY   | STATE                   | POSTAL CODE  | COUNTRY          |
| 11201 SE 8th Street, Suite 208  | BELLEVUE   | WA                      | 98004-6420   | USA              |
| 4. COLLATERAL: This financing statement covers the following collateral:  Fixtures and energy equipment, including but not limited to residential solar energy equipment, all accessories, peripheral, and associated equipment, and after acquired equipment, installed at 2120 WATSON ST KLAMATH FALLS OR 97603  Parcel 3 of Land Partition 11-94, being the Northeast 1/4 of the Southeast 1/4 of the Northeast 1/4 of Section 1 and Parcels 1 and 3 of Land Partition 64-92, all situated in the Est 1/2 of the Northeast 1/4 of Section 1, Township 39 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon.  Parcel No.: 874931/ 3909-001AD-00102 |  |                         |  |                  |
| 5 Check poly if applicable and check poly one boy: Callateral in The late 1.7.1.16  | on HCC1Ad item 47 and least after a)               | hoing administrary      | by a Dagadastia Press 115  | to procostati :- |
| 5. Check only if applicable and check only one box: Collateral is held in a Trust (s  6a. Check only if applicable and check only one box:  | ee UCC1Ad, item 17 and Instructions)               | <del></del>             | by a Decedent's Personal R<br>plicable and check <u>only</u> one |                  |
| Public-Finance Transaction Manufactured-Home Transaction  | A Debtor is a Transmitting Utility                 | Agricultural            | 200000   |                  |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor   | Consignee/Consignor Seller/Buye                    | er Bailee.              | Bailor Licens  | ee/Licensor      |
| NALEPA336   |  |                         |  |                  |