2024-004056

Klamath County, Oregon

05/22/2024 02:34:02 PM

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)				
2838 69294 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed	In: Oregon (Klamath)			
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	ION THE ABOVE SE	ACE IS EC	R FILING OFFICE USE O	ANI V
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 analysis of the provide the second of the provide the provided the pr		Debtor's na	ne); if any part of the Individual	
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME CRAWFORD	FIRST PERSONAL NAME SHEILA	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 155 DEL FATTI LANE	CITY KLAMATH FALLS	STATE	POSTAL CODE 97603	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name)				
	ne Individual Debtor information in item 10 of the Finan			Deptor's name will
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ES. INSIVIDO/LES SOLIVAINE	THOT ENGINETYME	7.001110		COLLIN
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE	LED PARTY): Provide only <u>one</u> Secured Party name	(3a or 3b)		
3a. ORGANIZATION'S NAME FIFTH THIRD BANK, NATIONA	L ASSOCIATION			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 38 FOUNTAIN SQUARE PLAZA	CITY CINCINNATI	STATE	POSTAL CODE 45263	COUNTRY
1MOBA5				
4. COLLATERAL: This financing statement covers the following collateral: The collateral described below is located at the Debto AND INTEREST IN PHOTOVOLTAIC SOLAR ENER ROOFTOP SOLAR PANELS ELECTRICAL INVERTE EQUIPMENT MONITORING EQUIPMENT SMART IN ADDITION, THE SECURITY INTEREST INCLUDE REFERENCED COLLATERAL ANY RENEWABLE E (REFERRED TO AMONG OTHER THINGS AS SRECOPERFORMANCE-BASED INCENTIVES) AND ANY SUPPORT RENEWABLE ENERGY PRODUCTION TRESULT OF THE PHOTOVOLTAIC SOLAR ENERGY CREATE A SECURITY INTEREST IN THE DEBTOR RECORDS.	GY EQUIPMENT (IF ANY) INCERS CABLES AND WIRES SUIMETERS AND ADDITIONS OR ALL WARRANTIES ISSUED NERGY OR CARBON CERTIFUS) ANY RENEWABLE ENERGOTHER ECONOMIC BENEFIT THAT BORROWER MAY RECEY EQUIPMENT. THIS SECURI	LUDING PPORT REPLA WITH ICATES Y PRO S RELA EIVE OR TY AGF	BUT NOT LIMITE BRACKETS RELA CEMENTS OF TH RESPECT TO THE OR CREDITS DUCTION INCENTE TED TO INCENTE BE ENTITLED TO REEMENT DOES	ED TO ATED E SAME. E TIVES VES TO D AS A
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	ng administo	red by a Decedent's Personal	Representative
Check only if applicable and check only one box. Collateral is in each in a must (a fact that a must (a fact that a fact that a must (a fact that a fact tha	· •		f applicable and check <u>only</u> on	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricul	tural Lien Non-UCC	Filing
	Consignee/Consignor Seller/Buyer	Ba	ilee/Bailor Licen:	see/Licensor
8. OPTIONAL FILER REFERENCE DATA:				2838 69294

A NAME OF FIRST PERSON					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if I because Individual Debtor name did not fit, check here	ine 1b was left blank				
9a. ORGANIZATION'S NAME					
OR OL INDIVIDUALIS SUDMANT					
OR 96. INDIVIDUAL'S SURNAME CRAWFORD					
FIRST PERSONAL NAME					
SHEILA					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		THE ABOVE	SPACE	IS FOR FILING OFFICE (JSE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or I do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mai		1b or 2b of the Financi	ng Staten	nent (Form UCC1) (use exact,	full name;
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	 NOR SECURED PARTY'S	NAME: Deside and		(44 44b)	
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY S	NAME: Provide on	y <u>one</u> nam	ne (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
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13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM	ENT:			
	covers timber to be cu	t covers as-e	xtracted c	ollateral 🗾 is filed as a f	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if <u>Debtor does not have a record interest</u>):	16. Description of real estate: THE SW1/4 OF TH		_ TU ^	T DODTION OF T	
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REAWATTT ALEO, OR 97000	9 EAST OF THE V	VILLAMETTE	MER	IDIAN, KLMATH C	OUNTY,
	OREGON, BEING FOLLOWS: BEGIN				
	3/4"		• 1	2, 6, 12, 12, 1	
	IRON PIPE LOCA	TED AT THE	INTER	RSECTION OF TH	IE NORTH
	BOUNDARY OF T				
	HIGHWAY RIGHT				
17. MISCELLANEOUS:	TELLICIONI V ACC				v / 11 / 1 1 1 1

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin	ne 1b was left blank				
cause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME CRAWFORD					
FIRST PERSONAL NAME SHEILA					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Do do not omit, modify, or abbreviate any part of the Debtor's name) and enter the maili				IS FOR FILING OFFICE nent (Form UCC1) (use exact,	
10a. 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	COUNTRY
11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM	_	extracted c	ollateral ✓ is filed as a	fixture filing
Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate: SE1/4 SW1/4, TO BEGINNING; THE				STANCE
	OF				

9a. ORGANIZATION'S NAME						
			_			
9b. INDIVIDUAL'S SURNAME						
CRAWFORD FIRST PERSONAL NAME						
SHEILA						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
					IS FOR FILING OFFICE	
DEBTOR'S NAME: Provide (10a or 10b) only one addition do not omit, modify, or abbreviate any part of the Debtor's name			ine 1b or 2b of the Fina	ancing Statem	nent (Form UCC1) (use exa	ct, full name;
10a. ORGANIZATION'S NAME	z) and enter the mail	ming address in time roc				
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUALS FIRST FERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
		CITY		STATE	POSTAL CODE	COUNT
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9a. ORGANIZATION'S NAME							
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						IS FOR FILING OFFI	
DEBTOR'S NAME: Provide (10a or 10b) only one addition do not omit, modify, or abbreviate any part of the Debtor's name				1b or 2b of the Finan	cing Staten	nent (Form UCC1) (use e	xact, full name;
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