

## UCC FINANCING STATEMENT AMENDMENT

### FOLLOW INSTRUCTIONS

|                                                                                                                             |                                 |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 |                                 |
| B. E-MAIL CONTACT AT FILER (optional)<br>uccfilingreturn@wolterskluwer.com                                                  |                                 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) 25556 - SOLAR MOSAIC                                                          |                                 |
| Lien Solutions<br>P.O. Box 29071<br>Glendale, CA 91209-9071                                                                 | 99810726<br><br>OROR<br>FIXTURE |
| File with: Klamath, OR                                                                                                      |                                 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
2023-001938 3/21/2023 CC OR Klamath

1b. ☒ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.

2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record

☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c

☐ ADD name: Complete item 7a or 7b, and item 7c

☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

|                         |                                      |                             |                               |        |
|-------------------------|--------------------------------------|-----------------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME |                                      |                             |                               |        |
| OR                      | 6b. INDIVIDUAL'S SURNAME<br>Garee jr | FIRST PERSONAL NAME<br>John | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                            |                          |  |  |        |
|--------------------------------------------|--------------------------|--|--|--------|
| 7a. ORGANIZATION'S NAME                    |                          |  |  |        |
| OR                                         | 7b. INDIVIDUAL'S SURNAME |  |  |        |
| INDIVIDUAL'S FIRST PERSONAL NAME           |                          |  |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |                          |  |  | SUFFIX |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

Debtor Name and Address:

Garee jr, John - 5653 Delaware Ave , Klamath Falls, OR 97603

Garee, Judy - 5653 Delaware Ave , Klamath Falls, OR 97603

Secured Party Name and Address:

Solar Mosaic LLC - 601 12th Street, Suite 325 , Oakland, CA 94607

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                             |                          |                     |                               |        |
|---------------------------------------------|--------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br>Solar Mosaic LLC |                          |                     |                               |        |
| OR                                          | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Garee jr, John

99810726

360637

674857

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

## FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

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12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME

Solar Mosaic LLC

OR

12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR

13b. INDIVIDUAL'S SURNAME

Garee jr

FIRST PERSONAL NAME

John

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR (CHECK ONE BOX):

☒ ITEM 8 (Collateral) OR

☐ OTHER INFORMATION (Please Describe)

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17  
(if Debtor does not have a record interest):

John Garee jr  
5653 Delaware Ave  
Klamath Falls, OR 97603

17. Description of real estate:

CLOVERDALE, LOT 51 LESS N 30'

State: OR

County: Klamath County

Additional Real Property Owner:

Judy Garee

5653 Delaware Ave

Klamath Falls, OR 97603

18. MISCELLANEOUS: 99810726-OR-35 25556 - SOLAR MOSAIC

Solar Mosaic LLC

File with: Klamath, OR

360637 674857