

## 2024-006450

Klamath County, Oregon 07/24/2024 10:00:02 AM

Fee: \$87.00

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331	-3282 Fax: 818-662-4141				
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	9481 - Launch Servicing,				
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	99922111 \rightarrow OROR				
L	FIXTURE <sub>I</sub>				
File with: Klamath, OR		THE ABOVE SPACE	E IS FO	OR FILING OFFICE US	SE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) name will not fit in line 1b, leave all of item 1 blank, check here      1a. ORGANIZATION'S NAME	<u> </u>	nodify, or abbreviate any part of the information in item 10 of the Finan		,, , , , , , , , , , , , , , , , , , ,	
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME A	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Sellers	Betty				
1c. MAILING ADDRESS	CITY	S	STATE	POSTAL CODE	COUNTRY
5336 PRIMROSE LN	KLAMATH FA	ALLS	OR	97601	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) name will not fit in line 2b, leave all of item 2 blank, check here      2a. ORGANIZATION'S NAME	<u>.</u>	nodify, or abbreviate any part of the information in item 10 of the Finan			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	OITIDDA	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	5	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGN		· <del>-</del>			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8900 Amberglen Boulevard	Austin		TX	78729	USA
4. COLLATERAL: This financing statement covers the following coll Residential solar Photovoltaic Equipment which may co					
Transaction Color of the Color	a air intogratoa battory				

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instruction	ons) being administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check <u>only</u> if applicable and check <u>only</u> one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utili	ty Agricultural Lien Non-UCC Filing

Seller/Buyer

Consignee/Consignor

8. OPTIONAL FILER REFERENCE DATA:

99922111 LoanID 813232

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

LenderCode SP0002

Bailee/Bailor

Licensee/Licensor

## **UCC FINANCING STATEMENT ADDENDUM**

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Finan	cing Statement; if line 1b was left	blank				
because Individual Debtor name did not fit, check here   9a. ORGANIZATION'S NAME						
98. ORGANIZATIONS NAIME						
9b. INDIVIDUAL'S SURNAME						
Sellers						
FIRST PERSONAL NAME						
Betty						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING	OFFICE USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only one addition	onal Debtor name or Debtor name	that did not fit in lir	ne 1b or 2b of the Fi	nancing S	atement (Form UCC	1) (use exact, full nam
do not omit, modify, or abbreviate any part of the Debtor's na	me) and enter the mailing address	in line 10c				
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
						0011110
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	S) SUFFIX
11b. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX COUNTRY
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11b. INDIVIDUAL'S SURNAME  : MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record	СІТУ		MENT:			
11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY  ] (or recorded) in the		_	STATE	POSTAL CODE	
This FINANCING STATEMENT is to be filed [for record REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate design of the state of	CITY  ] (or recorded) in the	NANCING STATE!	_	STATE	POSTAL CODE	COUNTRY
11b. INDIVIDUAL'S SURNAME  : MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate design of the state of t	CITY  ] (or recorded) in the 14. This FIT covescribed in item 16 16. Descrip	NANCING STATE! ers timber to be cution of real estate:	ut Covers as-	STATE	POSTAL CODE	COUNTRY ed as a fixture filing
11b. INDIVIDUAL'S SURNAME  : MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate design of the state of t	covescribed in item 16 14. This FIII covescribed in item 16 16. Descrip	NANCING STATE! ers timber to be of tion of real estate:  Description	ut Covers as-	STATE	POSTAL CODE	COUNTRY ed as a fixture filing
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This FINANCING STATEMENT is to be filed [for record REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate design of the state of	covescribed in item 16 I4. This FIII covescribed in item 16 I6. Descrip	NANCING STATE ers timber to be of tion of real estate: Descriptio R494575	on GREEN	STATE	POSTAL CODE	COUNTRY ed as a fixture filing
11b. INDIVIDUAL'S SURNAME  c: MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate design of the state of	covescribed in item 16 I4. This FIII covescribed in item 16 I6. Descrip	NANCING STATE lers timber to be or tion of real estate: Description R494575 ty: KLAMA	on GREEN	STATE	POSTAL CODE	COUNTRY ed as a fixture filing
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