

**UCC FINANCING STATEMENT AMENDMENT**  
FOLLOW INSTRUCTIONS

|  |  |
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| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>CSC 1-800-858-5294   |  |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br>SPRFiling@cscglobal.com   |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div>2887 30001<br/>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703</div> <div>Filed In: Oregon<br/>(Klamath)</div> |  |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION  |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|  |   |
|--|---|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br>2020-015077 11/18/2020  | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13. |
| 2. <input checked="" type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement |   |

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|---|
| 3. <input type="checkbox"/> <b>ASSIGNMENT:</b> Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8 |
| 4. <input type="checkbox"/> <b>CONTINUATION:</b> 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:<br>Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record<br>AND Check <u>one</u> of these three boxes to:<br><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |  |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)   |  |

|                         |   |                               |                                    |        |
|-------------------------|---|-------------------------------|------------------------------------|--------|
| 6a. ORGANIZATION'S NAME |   |                               |                                    |        |
| OR                      | 6b. INDIVIDUAL'S SURNAME<br>Snoozy (Debtor) | FIRST PERSONAL NAME<br>Nathan | ADDITIONAL NAME(S)/INITIAL(S)<br>P | SUFFIX |

|   |  |  |  |  |
|---|--|--|--|--|
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> 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: Check only <u>one</u> box:   | <input type="checkbox"/> ADD collateral | <input type="checkbox"/> DELETE collateral | <input type="checkbox"/> RESTATE covered collateral | <input type="checkbox"/> ASSIGN* collateral |
| Indicate collateral: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8 |   |  |   |   |

Perfection PMSI - In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 14911 Clovercreek Rd Klamath Falls, OR 97601 Parcel R806257 Alt Parcel 3908E31B02401 Situs Add 14911 Clover Creek Rd, Klamath Falls, OR 97601 Abbr Legal Desc Twp 39 Rnge 8, Block Sec 31, Tract Por E2nw4, Acres 1.00 For Complete Legal Description refer to Sale Instrument #2018-002808 Date: 03/14/2018

|   |                          |                     |                               |        |
|---|--------------------------|---------------------|-------------------------------|--------|
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor |                          |                     |                               |        |
| 9a. ORGANIZATION'S NAME<br>Community 1st Credit Union   |                          |                     |                               |        |
| OR  | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

|   |            |
|---|------------|
| 10. OPTIONAL FILER REFERENCE DATA: Penny J. Snoozy (Debtor) | 2887 30001 |
|---|------------|

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
2020-015077 11/18/2020

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

12a. ORGANIZATION'S NAME

Community 1st Credit Union

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

FIRST PERSONAL NAME

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):

Nathan P Snoozy

Penny J Snoozy

14911 Clovercreek Rd

Klamath Falls, OR 97601

17. Description of real estate:

Perfection PMSI - In Fixture. All Solar equipment including but not limited to the complete Solar system and all of its components installed at 14911 Clovercreek Rd Klamath Falls, OR 97601 Parcel R806257 Alt Parcel 3908E31B02401 Situs Add 14911 Clover Creek Rd, Klamath Falls, OR 97601 Abbr Legal Desc Twp 39 Rnge 8, Block Sec 31, Tract Por E2nw4, Acres 1.00 For Complete Legal Description refer to Sale Instrument #2018-002808 Date: 03/14/2018

18. MISCELLANEOUS: