2024-010897

Klamath County, Oregon

12/17/2024 11:23:02 AM

Fee: \$87.00

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		1			
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
2999 37243 CSC 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Oregon (Klamath)				
SEE BELOW FOR SECURED PARTY CONTACT II	NFORMATION			ING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2020-003142 03/13/2020	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	ed above is terminated with res	pect to the security interest(s) of	f Secured Part(y)(ies)	authorizing this Termin	ation Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and a For partial assignment, complete items 7 and 9; check ASSIGN Colla			8		
4. CONTINUATION: Effectiveness of the Financing Statement ident additional period provided by applicable law	ified above with respect to the	security interest(s) of Secured F	Party authorizing this C	ontinuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	Check one of these three bo CHANGE name and/or		name: Complete iter	n — DELETE name:	Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; <u>and</u> item	7a or 7b <u>and</u> item 7c7a c	r 7b, <u>and</u> item 7c	to be deleted in	
CURRENT RECORD INFORMATION: Complete for Party Information Ga. ORGANIZATION'S NAME	ation Change - provide only <u>on</u>	e name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX
Hall (Debtor)					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or P 7a. ORGANIZATION'S NAME	arty Information Change - provide only	one name (7a or 7b) (use exact, full na	ame; do not omit, modify, or	abbreviate any part of the D	ebtor'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 POS	TAL CODE	COUNTRY
COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covered	collateral	ASSIGN* collateral
Indicate collateral:		only if the assignee's power to amend the			collateral in Section 8
Perfection PMSI In Fixture. All Solar equipment inc components installed at 4742 Shasta Way Klamati Address:4742 Shasta Way, Klamath Falls, OR 976 TRACTS, according to the official plat thereof on fi Complete Legal Description refer to Sale Instrume	h Falls, OR 97603 P 603 Abbreviated Leg lle in the office of the	arcel:R514740 Alt Pa al Description:Tract N County Clerk of Klar	rcel:3909E02B lo. 64 of PLEA	A03900 Situs SANT HOME	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and	G THIS AMENDMENT: Pro		name of Assignor, if th	is is an Assignment)	
9a. ORGANIZATION'S NAME Community 1st Credit U					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Kody J Hall (De	ebtor)				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOI	LOW INSTRUCTIONS				
	INITIAL FINANCING STATEMENT FILE NUMBER: Same 020-003142 03/13/2020	as item 1a on Amendment form	\neg		
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: S	ame 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				
40 No. of DEDTOD		f	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY		
13.	Name of DEBTOR on related financing statement (Name o one Debtor name (13a or 13b) (use exact, full name; do not omit, r	•		: Provide only	
	13a. ORGANIZATION'S NAME				
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITEM 8 (Collateral) OR	OTHER INFORMATION (Please Describe)		
15.			ription of real estate: ection PMSI In Fixture. All Solar equipn		

18. MISCELLANEOUS: