2024-011131

Klamath County, Oregon

12/26/2024 01:21:02 PM

Fee: \$87.00

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS

TOLLOW INOTHOSTIONS		_		
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		1		
B. E-MAIL CONTACT AT SUBMITTER (optional)		1		
SPRFiling@cscglobal.com		_		
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 3005 50533	\neg			
CSC				
801 Adlai Stevenson Drive	Filed In: Oregon			
Springfield, IL 62703	(Klamath)			
 	(*)			
SEE BELOW FOR SECURED PARTY CONTACT			E IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2020-003346 03/18/2020		Inis FINANCING STATEMEN (or recorded) in the REAL ES (Form UCC3Ad) <u>and</u> provide	NT AMENDMENT is to be filed [for red TATE RECORDS. Filer: <u>attach</u> Amend Debtor's name in item 13.	ordj Iment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identities	fied above is terminated with resp	ect to the security interest(s) of Secu	red Part(y)(ies) authorizing this Termin	nation Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9; check ASSIGN Co				
4. CONTINUATION: Effectiveness of the Financing Statement idea additional period provided by applicable law	ntified above with respect to the s	ecurity interest(s) of Secured Party a	uthorizing this Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:				_
Check one of these two boxes:	ND Check one of these three box			01
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item 7		e: Complete item DELETE name: und item 7c to be deleted in	: Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform	mation Change - provide only one	name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Northrup (Debtor)	Michael		D	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or	Party Information Change - provide only	l one name (7a or 7b) (use exact, full name; do	not omit, modify, or abbreviate any part of the D	lebtor'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
COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	STATE covered collateral	ASSIGN* collateral
Indicate collateral:			d is limited to certain collateral and describe the	
Perfection PMSI In Fixture. All Solar equipment in				conateral in occitor o
components installed at 3941 Barry Ave Klamath				
Address:3941 Barry Ave, Klamath Falls, OR 9760				
to the official plat thereof on file in the office of the				
39S-9E-10-SE-SE For Complete Legal Description				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check here are	NG THIS AMENDMENT: Prov nd provide name of authorizing De		of Assignor, if this is an Assignment)	
· · · · · · · · · · · · · · · · · · ·	,	ebloi		
9a. ORGANIZATION'S NAME Community 1st Credit U	Union			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AI NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
SU. INDIVIDUAL S SUNINAIVIE	FIRST PERSON	TE INCIVIL	ASSTRONAL IVANIE(S)/INTRAL(S)	GOITIA
10. OPTIONAL FILER REFERENCE DATA: Michael D Noi	rthrup (Debtor)			3005 50533

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

	INITIAL FINANCING STATEMENT FILE NUMBER: Same a 020-003346 03/18/2020	as item 1a on Amendment form		
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Sa	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		
			BOVE SPACE IS FOR FILING OFFICE USE ONLY	
13.	Name of DEBTOR on related financing statement (Name of one Debtor name (13a or 13b) (use exact, full name; do not omit, m	- · · · · · · · · · · · · · · · · · · ·		Provide only
	13a. ORGANIZATION'S NAME			
OR	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITEM 8 (Collateral) OR OTHER INF		
14.				
	This FINANCING STATEMENT AMENDMENT:	17. Description of real Perfection PN	estate: //SI In Fixture. All Solar equipme d to the complete Solar system o	ent including

18. MISCELLANEOUS: