2025-001990

Klamath County, Oregon 03/20/2025 10:50:01 AM

Fee: \$92.00

UCC FINANCING STATEMENT AMENDMENT

| FOLLOW INSTRUCTIONS | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294 | | | | | | | | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) | | | | | | | | |
| SPRFiling@cscglobal.com | | | | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | | | | |
| 1883 217 Filed CSC Klamath 801 Adlai Stevenson Drive Springfield, IL 62703 | In: OR County | | | | | | | |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATIO | | | | | | | | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 2020-006788 06/03/2020 | 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 term | ninated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement | | | | | | | |
| 3. ASSIGNMENT: 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; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8 | | | | | | | | |
| 4. CONTINUATION: Effectiveness of the Financing Statement identified above with additional period provided by applicable law | respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the | | | | | | | |
| 5. PARTY INFORMATION CHANGE: | | | | | | | | |
| Check one of these two boxes. | f these three boxes to: | | | | | | | |
| This Change affects Debtor or Secured Party of record item 6a or | E name and/or address: Complete or 6b; and item 7a or 7b and item 7c ADD name: Complete item 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 | DOT DE CONAL NAME | | | | | | | |
| | FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUSAN E | | | | | | | |
| | lange - 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 | ange - provide only <u>one</u> name (ra or rb) (use exact, thirmaine, do not onlin, mount, or abbreviate any part or the below 3 name) | | | | | | | |
| | | | | | | | | |
| OR 7b. INDIVIDUAL'S SURNAME | | | | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | 7 () | | | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | | | | | |
| 7c. MAILING ADDRESS | CITY STATE POSTAL CODE COUNTRY | | | | | | | |
| | | | | | | | | |
| - · - | collateral DELETE collateral RESTATE covered collateral ASSIGN* collateral | | | | | | | |
| Perfection PMSI-In Fixture. All Solar equall of its components installed at 38201 R-3507-00200-00200-000 Alt Parcel R600870 Chiloquin, OR 97624 Abbr Legal Desc Twp 3 | GN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8 uipment including the complete Solar system and Chiloquin Ridge Rd Chiloquin, OR 97624 Parcel 0; R218482 Situs Add 38201 Chiloquin Ridge Rd, 35 Rnge 7, Block Sec 1 2, Tract Por, Acres 3.00 Sale Instrument #2018-004609 Date: 04/17/2018 | | | | | | | |
| | of authorizing Debtor | | | | | | | |
| 9a. ORGANIZATION'S NAME Community 1st Credit Union | | | | | | | | |
| OR 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | | | | | | | |
| 10. OPTIONAL FILER REFERENCE DATA: Susan E Holster (| Debtor) | | | | | | | |
| | 1883 217 | | | | | | | |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

| FOLLOW INSTRUCT | IONS | | | _ | | | |
|--|---|-------------------------------------|--------------|--|--|--------------|--|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2020 - 006788 06/03/2020 | | | | | | | |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form | | | | 1 | | | |
| 12a. ORGANIZATION'S NAME | | | | | | | |
| Community 1st Credit Union | | | - | | | | |
| | | | | | | | |
| OR 12b. INDIVIDUAL'S SURNAME | | | 1 | | | | |
| FIRST PERSO | NAI NAME | | | - | | | |
| TINOTELIOONALIVANIE | | | | | | | |
| ADDITIONAL I | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX | 7. [] 7 | | | |
| 10.11 | | | | | SPACE IS FOR FILING OFFICE U | | |
| | R on related financing statement (N 3a or 13b) (use exact, full name; do not | | | | filing offices - see Instruction item 13): Finame does not fit | Provide only | |
| 13a. ORGANIZATIO | DN'S NAME | | . / | | | | |
| OR 13b. INDIVIDUAL'S | OUR WATER | Islant ass | DOOLLEL NAME | | ADDITIONAL NAME (OVINITIAL (O) | Louisen | |
| 13b. INDIVIDUAL'S | SURNAME | FIRST PER | RSONAL NAME | N.J. | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 14. ADDITIONAL SPA | ACE FOR (CHECK ONE BOX): | ITEM 8 (Collateral) 0 | R OT | HER INFORMATIO | N (Please Describe) | | |
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| 15 This EDIANONIC | ATEMENT ANGLISHES | | 17.5 | | | | |
| 15. This FINANCING STA | _ | lateral is filed as a fixture filir | | on of real estate: | .In Fixture All Sc | nlar | |
| 16. Name and address of a RECORD OWNER of real estate described in item 17 | | | | rfection PMSI-In Fixture. All Solar uipment including the complete Solar | | | |
| (if Debtor does not have a record interest): Charlie D Holster Susan E Holster | | | system | tem and all of its components | | | |
| 38201 Chiloquin Ridge Rd | | | | stalled at 38201 Chiloquin Ridge Rd | | | |
| | Chiloquin, OR 97624 | | | Chiloquin, OR 97624 Parcel R-3507-00200-00200-000 Alt Parcel | | | |
| | | | | | Situs Add 38201 Ch | niloquin | |
| | | | _ | | quin, OR 97624 Abbr | - | |
| | | | | | e 7, Block Sec 1 2, | | |
| | | | | | For Complete Legal er to Sale Instrume | | |
| | | | | | te: 04/17/2018 | J., C | |
| 18. MISCELLANEOUS | S [.] | | I | | | | |