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 Fill	ed In: OR				
'CSC Klama 801 Adlai Stevenson Drive Springfield, IL 62703	th County'				
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	ΓΙΟΝ	THE ABOVE SPA	CE IS FOF	R FILING OFFICE USE O	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING STATEME (or recorded) in the REAL E	ENT AMEND	MENT is to be filed [for recor	rd] sont Addondum
2020-006788 06/03/2020		(Form UCC3Ad) and provide			nent Addendum
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with resp	ect to the security interest(s) of Sec	ured Part(y)	(ies) authorizing this Termina	tion Statement
3. ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of A For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in					
4. CONTINUATION: Effectiveness of the Financing Statement identified above additional period provided by applicable law	with respect to the s	ecurity interest(s) of Secured Party	authorizing t	his Continuation Statement i	s continued for the
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes.	ne of these three box				
This Change affects Debtor or Secured Party of record item		a or 7b <u>and</u> item 7c 7a or 7b,	1e: Complet and item 7c	e item DELETE name: to be deleted in it	Give record name tem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Chang	je - provide only <u>one</u>	ame (6a or 6b)			
6a. ORGANIZATION'S NAME					
	FIRST PERSON			AL NAME(S)/INITIAL(S)	SUFFIX
Holster	Susan		E	AL NAME(3)/INTIAL(3)	JOFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information		one name (7a or 7h) (use exact full name: d		ify or abbreviate any part of the Del	htor's name)
7a. ORGANIZATION'S NAME		name (ra or rb) (abe exact, rai name, a			
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUALS FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box:	DD collateral	DELETE collateral	RESTATE cov	vered collateral	ASSIGN* collateral
	ASSIGN COLLATERAL 0	nly if the assignee's power to amend the reco	ord is limited to	certain collateral and describe the c	ollateral in Section 8
Perfection PMSI-In Fixture. All Solar e	auipment	including the co	omplet	e Solar syste	em and
all of its components installed at 3820					
R-3507-00200-00200-000 Alt Parcel R6008	70;R21848	32 Situs Add 3820	01 Chi	loquin Ridge	Rd,
Chiloquin, OR 97624 Abbr Legal Desc Twp		7 51 1 6 4 4	о т		~ 2 00
	35 Rnge	7, BLOCK Sec 1 2	z, ira	ICT POR, ACRES	5 3.00
For Complete Legal Description refer to					
For Complete Legal Description refer to 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	Sale Ins	ide only <u>one</u> name (9a or 9b) (name	04609	Date: 04/17/2	
For Complete Legal Description refer to 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM If this is an Amendment authorized by a DEBTOR, check here and provide na	Sale Ins	ide only <u>one</u> name (9a or 9b) (name	04609	Date: 04/17/2	
For Complete Legal Description refer to 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	Sale Ins	ide only <u>one</u> name (9a or 9b) (name	04609	Date: 04/17/2	
For Complete Legal Description refer to 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM If this is an Amendment authorized by a DEBTOR, check here and provide na	Sale Ins	strument #2018-00 ide only <u>one</u> name (9a or 9b) (name ebtor	04609 e of Assignor	Date: 04/17/2	

10. OPTIONAL FILER REFERENCE DATA: Susan E Holste	r (Debtor)	
	1883	217

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amer 2020 - 006788 06 / 03 / 2020	idment form	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on An	nendment 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 NA	AME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14.	ADDITIONAL SPACE FOR (CHECK ONE BOX):	ITEM 8 (Col	lateral) OR		I (Please Describe)	

15. This FINANCING STATEMENT AMENDMENT:	17. Description of real estate:				
covers timber to be cut covers as-extracted collateral visible filled as a fixture filling	Perfection PMSI-In Fixture. All Solar				
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):	equipment including the complete Solar system and all of its components installed at 38201 Chiloquin Ridge Rd Chiloquin, OR 97624 Parcel R-3507-00200-00200-000 Alt Parcel R600870;R218482 Situs Add 38201 Chiloquin Ridge Rd, Chiloquin, OR 97624 Abbr Legal Desc Twp 35 Rnge 7, Block Sec 1 2, Tract Por, Acres 3.00 For Complete Legal				
Charlie D Holster Susan E Holster 38201 Chiloquin Ridge Rd Chiloquin, OR 97624					
					Description refer to Sale Instrument #2018-004609 Date: 04/17/2018

18. MISCELLANEOUS: