UCC FINANCING STATEMENT			Fee: \$92.00	
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)				
3101 63732	\neg			
CSC 801 Adlai Stevenson Drive				
Springfield, IL 62703 Filed	In: Oregon (Klamath)			
SEE BELOW FOR SECURED PARTY CONTACT INFORMATI		THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name not fit in line 1b, leave all of item 1 blank, check here		breviate any part of the Debtor'		
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
Mccoy 1c. MAILING ADDRESS 5133 Sumac Ave	Kevin	STA	TE POSTAL CODE	COUNTRY
ic. MAILING ADDICESS 5155 Sumac Ave	Klamath Falls	OI		USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name)				al Debtor's name will
not fit in line 2b, leave all of item 2 blank, check here and provide the and provide the area or and provide the area or a second and a second a second and a second a second and a second and a second and a second and a second an	he Individual Debtor informatio	n in item 10 of the Financing Stat	ement Addendum (Form UCC1Ad)	
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ITIONAL NAME(S)/INITIAL(S)	SUFFIX
Mccoy 2c. MAILING ADDRESS 5133 Sumac Ave	Danielle	R	TE POSTAL CODE	COUNTRY
o roo danao / wo	Klamath Falls	OF	R 97603	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE	ED PARTY): Provide only one	Secured Party name (3a or 3b)	1
3a. ORGANIZATION'S NAME Tesla , Inc .				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX
a MANUNICADESCA OFFICE Production of the Control of	CITY	OTA-	TE POSTAL CODE	COUNTRY
3c. MAILING ADDRESS 3500 Deer Creek Road	Palo Alto	STA ⁻ CA		USA
4. COLLATERAL: This financing statement covers the following collateral:		provided by Tools	Inc. to Dobton The	Casumad
All energy generation systems and associated componently is not taking a security interest in the real property.				
Secured Party's only security interest is in the specific				

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

8. OPTIONAL FILER REFERENCE DATA: JB-976011-00 - 39145429

6a. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable):

Public-Finance Transaction

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

Manufactured-Home Transaction

Lessee/Lessor

3101 63732

being administered by a Decedent's Personal Representative

Non-UCC Filing

Licensee/Licensor

 $6b.\ Check\ \underline{only}$ if applicable and check \underline{only} one box:

Agricultural Lien

Bailee/Bailor

2025-002818 Klamath County, Oregon

04/17/2025 01:10:01 PM

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

cause Individual Debtor name did not fit, check here	if line 1b was left blank				
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
Mccoy					
FIRST PERSONAL NAME					
Kevin					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
		THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY
. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m		1b or 2b of the Financir	g Statem	ent (Form UCC1) (use exact	, full name;
10a. ORGANIZATION'S NAME					
R 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SECURED PARTY'S NAME or ASSIG	SNOR SECURED PARTY'S	NAME: Provide only	one nam	e (11a or 11b)	
A ALL INDIVIDUALS OUTDIANTS	LEIDOT DEDOONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
111b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME				
: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
:. MAILING ADDRESS					COUNTRY
11B. INDIVIDUAL S SURNAME					COUNTRY
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:. MAILING ADDRESS					COUNTRY
:. MAILING ADDRESS					COUNTRY
:. MAILING ADDRESS					COUNTRY
c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):					COUNTRY
This INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEM covers timber to be or	IENT:	STATE	POSTAL CODE	
. MAILING ADDRESS . ADDITIONAL SPACE FOR ITEM 4 (Collateral): . IT This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) . Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	14. This FINANCING STATEM covers timber to be of 16. Description of real estate:	IENT:	STATE	POSTAL CODE Dilateral is filed as a	fixture filing
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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
Mccoy FIRST PERSONAL NAME					
Kevin					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
			THE ABOVE SPACE	E IS FOR FILING OFF	ICE USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only one additional De do not omit, modify, or abbreviate any part of the Debtor's name) and					
10a. ORGANIZATION'S NAME	<u> </u>				
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
MAILING ADDRESS	CITY		STAT	E POSTAL CODE	COUNT
ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECU	RED PARTY'S NA	AME: Provide only one r	name (11a or 11b)	<u>'</u>
11a. ORGANIZATION'S NAME					
11b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S) SUFFIX
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MAILING ADDRESS	CITY		STATI	E POSTAL CODE	COUNT
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):	orded) in the 14. This FII	NANCING STATEMEN vers timber to be cut tion of real estate:			
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