UCC FINANCING STATEMENT				Fee: \$97.00	
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFilling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
3168 37866 CSC					
801 Adlai Stevenson Drive Springfield, IL 62703 Filed	In: Oregon (Klamath)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	ION	THE ABOVE SPA	ACE IS FO	OR FILING OFFICE USE O	NLY
			Debtor's na	me); if any part of the Individual	
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME CLINE	FIRST PERSONA JAMES	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 245 NORTH WILLOW STREET	CITY MERRILL		STATE	POSTAL CODE 97633	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name)					Debtor's name will
not fit in line 2b, leave all of item 2 blank, check here and provide t [2a. ORGANIZATION'S NAME]	he Individual Debtor	information in item 10 of the Financ	ing Stateme	nt Addendum (Form UCC1Ad)	
28. ORGANIZATION S NAIVIE					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
A SECURED PARTY'S NAME / NAME					
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURION SAME Fifth Third Bank, N.A.	ED PARTY): Provid	e only <u>one</u> Secured Party name (.	sa or 3b)		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS Fifth Third Bank - Dividend, 38 Fountain Sq Plaza, 1MOBA5	Cincinnati		OH	POSTAL CODE 45263	USA
4 COLLATERAL: This financing statement covers the following collateral:					
The collateral described below is located at the Debto					
AND INTEREST IN PHOTOVOLTAIC SOLAR ENER ROOFTOP SOLAR PANELS ELECTRICAL INVERT		,			
EQUIPMENT MONITORING EQUIPMENT SMART N					
IN ADDITION THE SECURITY INTEREST INCLUDE					-
REFERENCED COLLATERAL ANY RENEWABLE E					
(REFERRED TO AMONG OTHER THINGS AS SRE					
(PERFORMANCE-BASED INCENTIVES) AND ANY SUPPORT RENEWABLE ENERGY PRODUCTION 1					
RESULT OF THE PHOTOVOLTAIC SOLAR ENERG					
CREATE A SECURITY INTEREST IN THE DEBTOR					101
RECORDS.					
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UCC1Ad, item	17 and Instructions) Dein	g administe	red by a Decedent's Personal F	Representative
6a. Check only if applicable and check only one box:		6b. 0	Check <u>only</u>	if applicable and check <u>only</u> one	e box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Transmitting Utility	Agricul	Itural Lien Non-UCC I	Filina

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

3168 37866

2025-005856Klamath County, Oregon

07/10/2025 08:21:01 AM

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9b. INDIVIDUAL'S SURNAME						
CLINE FIRST PERSONAL NAME						
JAMES						
ADDITIONAL NAME(S)/INITIAL(S)	SUFI	-IX				
R				WE SDACE	IS FOR FILING OFFIC	E LISE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or	r Debtor name that did n	ot fit in line				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m			15 01 25 01 1110 11	landing Glaten	ichi (Form 6001) (use exe	ot, ruii riamo,
10a. ORGANIZATION'S NAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECUED DARTY'S NAME or ASSIG	NOR SECURED	DA DTV'C	NAME: Decid		- (44 445)	
ADDITIONAL SECURED PARTY'S NAME or ASSIG 11a. ORGANIZATION'S NAME	SNOR SECURED	ARITS	NAIVIE: Provid	e only <u>one</u> nam	le (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
				07475	POSTAL CODE	COUNTRY
MAILING ADDRESS	CITY			STATE	FOSTAL CODE	
MAILING ADDRESS	CITY			SIAIE	FOSTAL GODE	
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY			STATE	POSTAL GODE	
	СІТУ			STATE	POSTAL GODE	
	CITY			STATE	F OS IAL GODE	
	CITY			STATE	r OS IAL GODE	333,1111
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):		IG STATEM	FNT:	STATE	P OS IAL GODE	
	14. This FINANCIN					
ADDITIONAL SPACE FOR ITEM 4 (Collateral): 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	14. This FINANCIN	ber to be cu		as-extracted c		a fixture filing
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filled [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 FINANCIN covers tim 16. Description of the second seco	ber to be cu	t covers	as-extracted c		a fixture filing
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UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
CLINE				
FIRST PERSONAL NAME JAMES				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
R DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name	e or Debtor name that did not fit in line 1b or		IS FOR FILING OFFIC	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		25 of the Financing Glaten	nent (Form OCC1) (ase ex	act, idii ilailie,
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUALS FINGER ENGOVALIVAVIE				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASS	L BIGNOR SECURED PARTY'S NAI	ME: Provide only one nan	ne (11a or 11b)	
11a. ORGANIZATION'S NAME				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the period of th	he 14. This FINANCING STATEMENT:			
	Covers timber to be cut	covers as-extracted of	collateral ☑ is filed a	s a fixture filing
Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real estate: NORTHWEST CORN THE TOWN OF MERI	covers as-extracted of IER OF LOT 10, RILL, ACCORD	GRAYBAEL ALING TO THE OF	DDITION TO
This FINANCING STATEMENT is to be filled [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):	16. Description of real estate: NORTHWEST CORN THE TOWN OF MERI THEREOF ON FILE II OF KLAMATH COUN THENCE EAST 136.5	covers as-extracted of IER OF LOT 10, RILL, ACCORD N THE OFFICE TY, OREGON; 58 FEET; THENGES	GRAYBAEL AE ING TO THE OF OF THE COUN THENCE NORT CE SOUTH 30 F	DDITION TO FFICIAL PL TY CLERK TH 30 FEET FEET TO T
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Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real estate: NORTHWEST CORN THE TOWN OF MERI THEREOF ON FILE II OF KLAMATH COUN THENCE EAST 136.5 NORTHEAST CORNI	covers as-extracted of LOT 10, RILL, ACCORD N THE OFFICE TY, OREGON; THE NOTE OF SAID LO	GRAYBAEL AI ING TO THE OF OF THE COUN THENCE NORT CE SOUTH 30 F T 10; THENCE	DDITION T FFICIAL PI TY CLERI TH 30 FEE FEET TO 1 WEST 136