## **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 1-800-858-5294 B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFilina@cscalobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 3224 43214 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Oregon (Klamath) SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX **GARY** HAYDEN 1c. MAILING ADDRESS 5134 MAZAMA DRIVE POSTAL CODE COUNTRY CIT STATE USA KLAMATH FALLS OR 97603 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX 2c. MAILING ADDRESS POSTAL CODE STATE COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Fifth Third Bank, N.A.

4. COLLATERAL: This financing statement covers the following collateral:
The collateral described below is located at the Debtors address listed above. ALL OF THE DEBTORS RIGHT TITLE AND INTEREST IN PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT (IF ANY) INCLUDING BUT NOT LIMITED TO ROOFTOP SOLAR PANELS ELECTRICAL INVERTERS CABLES AND WIRES SUPPORT BRACKETS RELATED EQUIPMENT MONITORING EQUIPMENT SMART METERS AND ADDITIONS OR REPLACEMENTS OF THE SAME. IN ADDITION THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH RESPECT TO THE REFERENCED COLLATERAL ANY RENEWABLE ENERGY OR CARBON CERTIFICATES OR CREDITS (REFERRED TO AMONG OTHER THINGS AS SRECS) ANY RENEWABLE ENERGY PRODUCTION INCENTIVES (PERFORMANCE-BASED INCENTIVES) AND ANY OTHER ECONOMIC BENEFITS RELATED TO INCENTIVES TO SUPPORT RENEWABLE ENERGY PRODUCTION THAT BORROWER MAY RECEIVE OR BE ENTITLED TO AS A RESULT OF THE PHOTOVOLTAIC SOLAR ENERGY EQUIPMENT. THIS SECURITY AGREEMENT DOES NOT CREATE A SECURITY INTEREST IN THE DEBTORS REAL PROPERTY TO BE RECORDED IN THE LAND RECORDS.

Cincinnati

FIRST PERSONAL NAME

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA:	

OR

3b. INDIVIDUAL'S SURNAME

Fountain So Plaza. 1MOBA5

3c. MAILING ADDRESS Fifth Third Bank - Dividend. 38

3224 43214

SUFFIX

COUNTRY

USA

2025-008127 Klamath County, Oregon

09/12/2025 08:10:02 AM

Fee: \$92.00

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

45263

OH

## UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank		
9a. ORGANIZATION'S NAME			
OR 9b. INDIVIDUAL'S SURNAME			
HAYDEN		7	h.
FIRST PERSONAL NAME		,	
GARY			Th
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FI	LING OFFICE USE ONLY
<ol> <li>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 management.</li> </ol>			
10a. ORGANIZATION'S NAME			
OR 10b. INDIVIDUAL'S SURNAME	* (		
INDIVIDUAL'S FIRST PERSONAL NAME	-	$\smile$	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
INDIVIDUALS ADDITIONAL NAME (S) INTITAL(S)		1	SUFFIX
10c. MAILING ADDRESS	CITY	STATE POSTAL C	COUNTRY COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY'S	NAME: Provide only one name (11a or 11	b)
11a. ORGANIZATION'S NAME	7		4
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME	S)/INITIAL(S) SUFFIX
11c. MAILING ADDRESS	CITY	STATE POSTAL C	CODE COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	2		
		<i></i>	
	4 7		
	. 10		
13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	14. This FINANCING STATEM	IENT:	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber to be o		is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real estate:		
(if Debtor does not have a record interest): GARY HAYDEN, 5134 MAZAMA DRIVE, KLAMATH FALLS, OR 97603		( IN THE COUNTY OF KLA RIBED AS FOLLOWS:	AMATH, STATE OF
	LOT 9 IN BLOCK	2 OF TRACT NO. 1044, W	EMBLY PARK,
		THE OFFICIAL PLAT THE	
	THE OFFICE OF OREGON.	THE COUNTY CLERK OF	KLAMATH COUNTY
	PIN: 3909-011DC-	-02600	
17. MISCELLANEOUS:			