UCC FINANCING STATEMENT

2025-008345 Klamath County, Oregon 09/19/2025 08:26:02 AM

Fee: \$87.00

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

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 877-505-5400				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
recordings@gorequire.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
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reQuire Real Estate Solutions, LLC		7	h	
P.O. Box 860			W	
Palm Harbor, FL 34682				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION THE ABOVE		Reset	ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name)	e; do not omit, modify, or abbreviate any part of the	Debtor's name); if ar	ny part of the Individual De	
not fit in line 1b, leave all of item 1 blank, check here and provide 1 1a. ORGANIZATION'S NAME	he Individual Debtor information in item 10 of the Fi	nancing Statement A	ddendum (Form UCC1Ad)	
OR				_
1b. INDIVIDUAL'S SURNAME VITALE	FIRST PERSONAL NAME KEVIN	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 5327 AMBERVIEW LN	CITY KLAMATH FALLS	STATE OR	POSTAL CODE 97603	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full nam	e; do not omit, modify, or abbreviate any part of the	Debtor's name); if ar	ny part of the Individual De	btor's name will
	he Individual Debtor information in item 10 of the Fi	nancing Statement A	ddendum (Form UCC1Ad)	
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
VITALE	MARIANNA			
2c. MAILING ADDRESS 5327 AMBERVIEW LN	KLAMATH FALLS	OR .	POSTAL CODE 97603	USA
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 Puget Sound Cooperative Credit Union				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
3c. MAILING ADDRESS 11201 SE 8th Street, Suite 208	BELLEVUE	STATE WA	POSTAL CODE 98004-6420	USA
4. COLLATERAL: This financing statement covers the following collateral:				
Fixtures and energy equipment, including but not limited to residential solar energy equipment,				
all accessories, peripheral and associated equipment, and after acquired equipment, installed				
at 5327 AMBERVIEW LN, KLAMATH FALLS, OR 9		·		
Lot 1, Tract 1473 - Pheasant Run, according to the official plat thereof on file in the Office of the County Clerk of Klamath County, Oregon.				
Parcel No.: 893289/ 3909-011DB-03200				
5. Check only if applicable and check only one box: Collateral is held in a Trust	(see UCC1Ad, item 17 and Instructions)	eing administered b	y a Decedent's Personal R	epresentative

A Debtor is a Transmitting Utility

Consignee/Consignor

Seller/Buyer

Manufactured-Home Transaction

Lessee/Lessor

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

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

VITALE646