2025-009906

Klamath County, Oregon

11/05/2025 08:12:02 AM

Fee: \$112.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294		1		
B. E-MAIL CONTACT AT SUBMITTER (optional)		-		
SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1		
4655 015	Filed In: OR		4	
CSC	Klamath County			
801 Adlai Stevenson Drive .Springfield, IL 62703				
SEE BELOW FOR SECURED PARTY CONTACT			SPACE IS FOR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2021-001271 01/27/2021		(or recorded) in the RE (Form UCC3Ad) and pro-	EMENT AMENDMENT is to be filed [for in the control of the control	endment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identifier	ied above is terminated with resp	ect to the security interest(s) of	Secured Part(y)(ies) authorizing this Ter	mination Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9; check ASSIGN Coll				
4. CONTINUATION: Effectiveness of the Financing Statement iden additional period provided by applicable law	ntified above with respect to the s	ecurity interest(s) of Secured F	arty authorizing this Continuation Statem	ent is continued for the
5. PARTY INFORMATION CHANGE:	$-c \times$			
Check one of these two boxes:	ND Check one of these three box		DELETE	0.
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; <u>and</u> item 7		name: Complete item DELETE na 7b, <u>and</u> item 7c to be deleted	me: Give record name d in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform	nation Change - provide only one	name (6a or 6b)		
6a. ORGANIZATION'S NAME		-		
OR 6b. INDIVIDUAL'S SURNAME McBride	Joseph	AL NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
				2111
 CHANGED OR ADDED INFORMATION: Complete for Assignment or Ta. ORGANIZATION'S NAME 	Party Information Change - provide only	one name (/a or /b) (use exact, full na	me; do not omit, modify, or appreviate any part of tr	ne Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME	-			
INDIVIDUAL'S FIRST PERSONAL NAME	_	1	-	
			~	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	-	1		SUFFIX
70 MAILING ADDRESS		_	STATE POSTAL CODE	COUNTRY
/ G. IVIAILING ADDRESS	ICITY			
7c. MAILING ADDRESS	CITY			COUNTRY
COLLATERAL CHANGE: Check only one box:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN* collateral
	ADD collateral		RESTATE covered collateral erecord is limited to certain collateral and describe	ASSIGN* collateral
COLLATERAL CHANGE: <u>Check only one box:</u>	ADD collateral			ASSIGN* collateral
8. COLLATERAL CHANGE: Check only one box:	ADD collateral			ASSIGN* collateral
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COLLATERAL CHANGE: <u>Check only one box:</u>	ADD collateral			ASSIGN* collateral
8. COLLATERAL CHANGE: Check only one box: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	ADD collateral *Check ASSIGN COLLATERAL o	nly if the assignee's power to amend th	e record is limited to certain collateral and describe	ASSIGN* collateral the collateral in Section 8
8. COLLATERAL CHANGE: Check only one box: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	ADD collateral *Check ASSIGN COLLATERAL of	nly if the assignee's power to amend th	e record is limited to certain collateral and describe	ASSIGN* collateral the collateral in Section 8
8. COLLATERAL CHANGE: Check only one box: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check here an	ADD collateral *Check ASSIGN COLLATERAL of G THIS AMENDMENT: Provide provide name of authorizing Decidit Union	nly if the assignee's power to amend th ide only <u>one</u> name (9a or 9b) (i	e record is limited to certain collateral and describe	ASSIGN* collateral the collateral in Section 8
8. COLLATERAL CHANGE: Check only one box: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check here an open an open and of the part of the p	ADD collateral *Check ASSIGN COLLATERAL of	nly if the assignee's power to amend th ide only <u>one</u> name (9a or 9b) (i	e record is limited to certain collateral and describe	ASSIGN* collateral the collateral in Section 8
8. COLLATERAL CHANGE: Check only one box: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check here an	ADD collateral *Check ASSIGN COLLATERAL of the	nly if the assignee's power to amend th ide only <u>one</u> name (9a or 9b) (i ebtor	name of Assignor, if this is an Assignment ADDITIONAL NAME(S)/INITIAL(S)	ASSIGN* collateral the collateral in Section 8

UCC FINANCING STATEMENT AMENDMENT A FOLLOW INSTRUCTIONS	ADDENDUM	1	
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendme 2021 - 001271 01/27/2021	ent form]	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amend	dment form	1	
12a. ORGANIZATION'S NAME		1	
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 US	SE ONLY
12. Name of DEPTOD on related financing statement (Name of Deptod Debtor of the			
13. Name of DEBTOR on related financing statement (Name of a current Debtor of recone Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any			ovide only
13a. ORGANIZATION'S NAME	- 4		
	49	4.9	
OR 13b. INDIVIDUAL'S SURNAME FIRE	ST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collater	al) OP OT	HER INFORMATION (Please Describe)	
Perfection: PMSI - In Fixture. 1 Generac	battery and	all Solar equipment includin	a the
complete Solar system installed at Parcel 2726 Aurora Dr, Klamath Falls, OR 97603 A CANYON, TRACT 1198, ACCORDING TO THE OFFIC COUNTY CLERK OF KLAMATH COUNTY, OR. For Complete Processing For Complet	bbr Legal D CIAL PLAT T mplete Lega	esc: LOT 10 IN BLOCK 1 OF VAL HEREOF ON FILE IN THE OFFICE	E DEAN OF THE
covers timber to be cut covers as-extracted collateral fished as a fixt of 16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest): Linda E McBride Joseph S McBride 2726 Aurora Dr Klamath falls, OR 97603	Perfect batter the construction Parcel Situs	ction: PMSI - In Fixture. 1 Go ry and all Solar equipment inc omplete Solar system installed I: R697491 Alt Parcel: 3910E00 Addr: 2726 Aurora Dr, Klamatl , OR 97603 Abbr Legal Desc: L0	cluding d at 6D01400 h OT 10

Complete Legal Descrefer to Sale Instrument #2009-008476 Date: 06/18/2009

18. MISCELLANEOUS: