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FILED: APR 21, 2021 02:57 PM OREGON SECRETARY OF STATE



Lo	oanpal, LLC	UCC	LIEN NO. 9277	7812 HOYT, FO	REST
UCC FINANCING STATEMENT					
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER [optional]					
					,
B. E-MAIL CONTACT AT FILER [optional]					
filings@loanpalsupport.com					
C. SEND ACKNOW LEDGMENT TO: (Name and Address	SS)	_ !			
Loanpal, LLC		·			
PO Box # 981440					
El Paso, TX 79998- 1440					
		1 1			
		THE A	BOVE SPACE IS FO	R FILING OFFICE US	E ONLY
<ol> <li>DEBTOR'S NAME — Provide only one Debtor name (1a name will not fit in line 1b, leave all of item 1 blank, check here</li> </ol>		ot omit, modify, or abbreviate a fual Debtor information in item			
1a. ORGANIZATION'S NAME	and provide the individ		- To or the Financing State		
OR 16. INDIVIDUAL'S SURNAME	FIRST PER	RSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
Hoyt	Forest	Forest			
1c. MAILING ADDRESS	ESS CITY		STATE	POSTAL CODE	COUNTRY
40485 Buck St	SANDY		OR	97055-6823	USA
<ol> <li>DEBTOR'S NAME — Provide only one debtor name (2a o name will not fit in line 2b, leave all of item 1 blank, check here</li> </ol>		t omit, modify or abbreviate ar dual Debtor information in iten			
2a. ORGANIZATION'S NAME	144				
OR 2b. INDIVIDUAL'S SURNAME	I FIDOT DE	DECNAL NAME	LADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
20. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME	ADDITION	AL NAME(S)/INTTIAL(S)	SUPPIX
2c, MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
			,		USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE	I of ASSIGNOR SECURED PART	Y): Provide only one Secured	Party name (3a or 3b)		
3a. ORGANIZATION'S NAME		<del></del>			
Loanpal, LLC					SUFFIX
DR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8781 Sierra College Boulevard	Rose	villa	CA	95746	USA
			CA	757-10	0011
4. COLLATERAL: This financing statement covers the following	='	1		. /D . 44 T -	
All of the debtor's right, title and interest (If any), including but not limited to roo					
inverters, cables and wires, support brack					
additions or replacements of the same. In					
referenced collateral.		,		•	
					:
5. Check only if applicable and check only one box: Collateral is	held in a Trust (see UCC	1Ad, item 17 and instructions)	being administe	ered by a Decedent's Pers	onal Representative
6. Check only if applicable and check only one box:					
Public-Finance Transaction	A Debtor is a Transmitting Uti	ity			
7. ALTERNATIVE DESIGNATION [if applicable]: Lessee	/Lessor Consignee/C	onsignor Seller/Bu	yer Bailee	/Bailor Li	censee/Licensor
8. OPTIONAL FILER REFERENCE DATA					
2106041026	ı				