UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	Record at the r when recorded Loanpal, LLC			ucc	FILED: APR 26, 2021 09:17 AM OREGON SECRETARY OF STATE LIEN NO. 92781121 HUMPHYREY, THOMAS				
A. NAME & PHONE OF CONTACT AT FILER [option	nal]			000		TIEM M	U. 92/61121	п	JMPHYREY, THOMAS
B. E-MAIL CONTACT AT FILER [optional]	<u>-</u>								
filings@loanpalsupport.com									
C. SEND ACKNOWLEDGMENT TO: (Name and Ad	dress)								
Loanpal, LLC		'							
PO Box # 981440							•		
El Paso, TX 79998- 1440									
		,							
							D 511 IN 0 05514	.=	6N11.W
1. DEBTOR'S NAME - Provide only one Debtor name	(1a or 1h) (use event	full name: do not omit	nodify or				R FILING OFFIC		
name will not fit in line 1b, leave all of Item 1 blank, check		rovide the Individual Deb							
1a. ORGANIZATION'S NAME		·							· · · · · · ·
DR 16, INDIVIDUAL'S SURNAME		LEIDET DEDOCT	NIA LACT			יייי	AL NIANAE/GVONIE	/I (6)	TSUFFIX
Humphrey	L'S SURNAME			FIRST PERSONAL NAME Thomas			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
c. MAILING ADDRESS	CITY				TATE	POSTAL CODE		COUNTRY	
503 Southeast Colony Circle	Milwaukie	Milwaukie			OR	97267		USA	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			SUFFIX	
c. MAILING ADDRESS	CITY	CITY			STATE POSTAL CODE		COUNTRY USA		
SECURED PARTY'S NAME (or NAME of ASSIGN	NEE of ASSIGNOR SE	ECURED PARTY): Prov	de only <u>o</u>	ne Secured Part	y name (3a	a or 3b)		-	
3a. ORGANIZATION'S NAME									
Loanpal, LLC Bb. INDIVIDUAL'S SURNAME		FIRST PERSONAL	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
. MAILING ADDRESS	CITY	CITY			STATE POSTAL CODE			COUNTRY	
8781 Sierra College Boulevard	Roseville	Roseville			CA	95746		USA	
COLLATERAL: This financing statement covers the following of the debtor's right, title and interpreted (If any), including but not limited to a inverters, cables and wires, support by additions or replacements of the same referenced collateral.	rest in the Phorooftop solar prackets, roof m	anels, solar roof ounted or grou	ing ma id moi	iterials, wal inted racki	ll mour ing syst	ited ba ems, re	tteries, stand elated equipr	l alone nent,	e batteries, and
5. Check <u>only</u> if applicable and check only one box: Collaters Check <u>only</u> if applicable and check only one box: Public-Finance Transaction		Trust (see UCC1Ad, iten	17 and i	nstructions) [being	administe	ered by a Decedent	's Perso	nal Representative
7. ALTERNATIVE DESIGNATION [if applicable]:	ssee/Lessor	Consignee/Consignor		Seller/Buyer		Bailee	/Bailor	Lice	ensee/Licensor
8. OPTIONAL FILER REFERENCE DATA 2110041728									