when recorded return to:

Record at the request of and

Klamath County, Oregon

2021-012047

STATE

CA

POSTAL CODE

95746

COUNTRY USA

00285167202100120470020025	

.00

GoodLeap, LLC		0028516720210012047002025		
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		08/06/2021 01:27:23	PM	Fee: \$8
A. NAME & PHONE OF CONTACT AT FILER (optional)				. 55. 40
B. E-MAIL CONTACT AT FILER (optional)				
filings@goodleapsupport.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Γ	I			
GoodLeap, LLC	!			
PO Box # 981440				
El Paso, TX 79998- 1440				
1				
<u>L</u>				
	<u> </u>	THE ABOVE SPACE IS FO	OR FILING OFFICE USE	ONLY
. 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 Debto	r's name); if any part of the I	ndividual Debt
a a large with flot in time 15, leave all of item 1 blank, check here	and provide the Individual Debtor infor	mation in item 10 of the Financing S	tatement Addendum (Form U	iCC1Ad)
1a. ORGANIZATION'S NAME				
R				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
Minjares	Allison			
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
120 W Court Drive	Merrill	OR	97633	USA
DERTOR'S NAME: Provide only one Debter same (22 - 24) (
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here are	exact, full name; do not omit, modify,	or abbreviate any part of the Debto	r's name); if any part of the Ir	ndividual Debto
2a. ORGANIZATION'S NAME	nd provide the Individual Debtor inforr	mation in item 10 of the Financing S	tatement Addendum (Form U	(CC1Ad)
28. ORGANIZATION'S NAME				
R				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	İ			
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				USA
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	NOR SECURED PARTY. Partition			
3a. ORGANIZATION'S NAME	TON SECURED PARTY): Provide on	ly one Secured Party name (3a or 3)	0)	
GoodLeap, LLC				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAMI	E Japanio	NAL MANE (AVINCE)	Ta
	T MOTT ENGOVALIVANI	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS				
י. אירובוויס אטטולבסס	CITY	ICTATE	DOSTAL CODE	COUNTRY

8781 Sierra College Boulevard 4. COLLATERAL: This financing statement covers the following collateral:

All of the debtor's right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/ Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral.

Roseville

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 only if applicable and check only 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/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2104046819	

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME OR 9b. INDIVIDUAL'S SURNAME **Minjares** FIRST PERSONAL NAME Allison ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME

CITY

CITY

FIRST PERSONAL NAME

SUFFIX

COUNTRY

SUFFIX

COUNTRY

STATE

ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

POSTAL CODE

ADDITIONAL NAME(S)/INITIAL(S)

STATE POSTAL CODE

UCC FINANCING STATEMENT ADDENDUM

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

11. ADDITIONAL SECURED PARTY'S NAME OF

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

10c. MAILING ADDRESS

11c. MAILING ADDRESS

11a. ORGANIZATION'S NAME

OR 11b. INDIVIDUAL'S SURNAME

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) S. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut covers as-extracted collateral is filed as a fixture filing
(if Debtor does not have a record interest):	16. Description of real estate:
Allison Minjares	County of: KLAMATH
	Address of Real Estate: 120 W Court Drive, Merrill, OR, 97633
	APN: M900571
	Lot 18, Lost River Court addition to the city of Merrill. According to the official plat thereof on file in the office of the county clerk of Klamath County, Oregon
7. MISCELLANEOUS:	