

Record at the request of and when recorded return to:

## Klamath County, Oregon

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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS						
		09/13/2021 01:34:31	PM .	Fee: \$87.0		
A. NAME & PHONE OF CONTACT AT FILER (optional)						
B. E-MAIL CONTACT AT FILER (optional)						
filings@goodleapsupport.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
	<u> </u>					
GoodLeap, LLC	1					
PO Box # 981440						
El Paso, TX 79998- 1440						
DESTORIO		THE ABOVE SPACE IS FO				
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (ust name will not fit in line 1b, leave all of item 1 blank, check here are	e exact, full name; do not omit, modify, or and provide the Individual Debtor informat	abbreviate any part of the Debto	r's name); if any part of the Ir	dividual Debtor's		
1a. ORGANIZATION'S NAME	and provide the moviedar Debter mornal	sort in term 10 of the Financing S	atement Addendum (Form O	JC (AU)		
TO STOCK WE WIND TO THE WAR IN TH						
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)			
Iversen	Danny					
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
11331 Sprague River Road	Chiloquin	OR	97624	USA		
. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use	exact, full name; do not omit, modify, or	abbreviate any part of the Debto	's name); if any part of the In	dividual Debtor's		
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor informat	ion in item 10 of the Financing St	atement Addendum (Form U	CC1Ad)		
2a. ORGANIZATION'S NAME						
DR						
	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)			
2b. INDIVIDUAL'S SURNAME				SUFFIX		
2b. INDIVIDUAL'S SURNAME	CITY	07177	Incota, cons			
26. INDIVIDUAL'S SURNAME	CITY	STATE	POSTAL CODE	COUNTRY		
c. MAILING ADDRESS				COUNTRY		
c. MAILING ADDRESS				COUNTRY		
25. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME GOODLEAD, LLC				COUNTRY		
c. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME) GoodLeap, LLC		one Secured Party name (3a or 31		COUNTRY		
c. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME) GoodLeap, LLC	INOR SECURED PARTY): Provide only g	one Secured Party name (3a or 31	))	COUNTRY USA		
25. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNAME GOODLEAP, LLC  3a. ORGANIZATION'S NAME  GOODLEAP, LLC  3b. INDIVIDUAL'S SURNAME	INOR SECURED PARTY): Provide only g	one Secured Party name (3a or 31	))	COUNTRY USA SUFFIX		
c. MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME)	NOR SECURED PARTY): Provide only of the second of the seco	one Secured Party name (3a or 31	NAL NAME(S)/INITIAL(S)	COUNTRY USA		

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.

5. Check only if applicable and check only one box: Collateral is held in a Tru	ist (see UCC1Ad, item 17 and In	structions)	being administered by a Dec	cedent's Personal Representative
6a. Check only if applicable and check only one box:			6b. Check <u>only</u> if applicable	and check only one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmit	ting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:		*****		
Acct # 2114045891				

## **UCC FINANCING STATEMENT ADDENDUM**

Destrors   Survive   Danny   Additional Name   Danny   Additional Cebtor name or Debtor name or Debtor name to Debtor name or Debtor name to Debtor name or Debtor name o	9 NAME OF FIRST DERTOR: Same as the 10 or the a Figure 10 or the section of the s	M. Harris and A. Constanting and	1			
Be informidual's surname    Versen	because Individual Debtor name did not fit, check here	If line 1b was left blank				
Deliverset    First PERSONAL NAME   SUPFIX   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	9a. ORGANIZATION'S NAME					
Deliverset    First PERSONAL NAME   SUPFIX   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY						
Deliverset    First PERSONAL NAME   SUPFIX   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	OR O. D.D.W.D.W.D.W.D.W.D.W.D.W.D.W.D.W.D.W.					
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Danny  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY On Did milk model, or abstraction only one additional Dator name or Dator name that did not fit in the 16 or 20 of the Financing Statement (Form UCC1) (use exact, full name of not not milk model), or abstraction any part of the Dator's name) and enter the mailing address in line 150  IGE. ORGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME(S)INITIAL(S)  SUFFIX  ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11s)  11s. DRIGANIZATION'S NAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  STATE POSTAL CODE  COUNTRY  INDIVIDUAL'S ADDITIONAL N						
ADDITIONAL NAME(SYINITIAL(S)  THE ADOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ADOVE SHAPP OF THE NOTE OF THE USE						
D. DEBTOR'S NAME: Provide (10a or 10b) only gog 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 of not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c.    10a. ORGANIZATION'S NAME		STIEELY				
D. DEBTOR'S NAME: Provide (1da or 10b) only age additional Dabber name or Dabbor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name of not not mindly on abborous are year of the Dabbor's name) and enter the mailing address in line 10c.  10a. ORGANIZATION'S NAME  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  0c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11 ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only age name (11a or 11b)  11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  11b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  3. ADDITIONAL SPACE FOR ITEM 4 (Collatoral):  1c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3. ADDITIONAL SPACE FOR ITEM 4 (Collatoral):  1c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3. ADDITIONAL SPACE FOR ITEM 4 (Collatoral):  1c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3. ADDITIONAL SPACE FOR ITEM 4 (Collatoral):  1c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3. ADDITIONAL SPACE FOR ITEM 4 (Collatoral):  1c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3. ADDITIONAL SPACE FOR ITEM 4 (Collatoral):  1c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3. ADDITIONAL SPACE FOR ITEM 4 (Collatoral):  1c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11a. This FINANCING STATEMENT  COVERS as extracted collatoral  State filed as a floture filing  1c. MAILING ADDRESS  1c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  11a. This FINANCING STATEMENT  COVERS as extracted collatoral  State filed as a floture filing  COVERS as extracted collatoral  TWO POSTAL CODE  COUNTRY  15a. This FINANCING STATEMENT  TWO POSTAL CODE  COUNTRY  16b. Description of real estate  COUNTRY  ADDITIONAL SPACE FOR ITEM 4 (Collatoral):  16b. Description of real estate  COUNTRY		100/112				
To individual's Surname  Individual's Surname  Individual's Additional Name  Individual's Surname  Indiv	10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name o	r Dahtor name that did not fit in	THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
Tob. INDIVIDUAL'S SURNAME   INDIVIDUAL'S SURNAME   INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)   SUFFIX	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the n	nailing address in line 10c	line 10 or 20 of the f	-inancing a	Statement (Form UCC1) (us	se exact, full nam
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  Do. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  1. ADDITIONAL SECURED PARTY'S NAME  1. ADDITIONAL SECURED PARTY'S NAME  1. ACRANIZATION'S NAME  1. ACRANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. AT THIS FINANCING STATEMENT is to be filled (for record) (or recorded) in the REAL ESTATE RECORDS (of applicable)  The properties of a RECORD NOME of real estate described in item 16  (If Debtor does not have a record interest):  County of: KLAMATH  Address of Real Estate: 11331 Sprague River Road, Chiloquin, OR, 97624  APN: R3509006D000100000  TWP 35 RNGE 9, BLOCK SEC 6, TRACT POR NE4SE4, ACRES 4.30						·
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  Do. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  1. ADDITIONAL SECURED PARTY'S NAME  1. ADDITIONAL SECURED PARTY'S NAME  1. ACRANIZATION'S NAME  1. ACRANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  CITY  STATE  POSTAL CODE  COUNTRY  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. AT THIS FINANCING STATEMENT is to be filled (for record) (or recorded) in the REAL ESTATE RECORDS (of applicable)  The properties of a RECORD NOME of real estate described in item 16  (If Debtor does not have a record interest):  County of: KLAMATH  Address of Real Estate: 11331 Sprague River Road, Chiloquin, OR, 97624  APN: R3509006D000100000  TWP 35 RNGE 9, BLOCK SEC 6, TRACT POR NE4SE4, ACRES 4.30						
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16. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  3. This FINANCING STATEMENT is to be filled (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16 (if Obstor does not have a record interest):  County of: KLAMATH  Address of Real Estate: 11331 Sprague River Road, Chiloquin, OR, 97624  APN: R3509006D000100000  TWP 35 RNGE 9. BLOCK SEC 6, TRACT POR NE4SE4, ACRES 4.30	DR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  3. X This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  County of: KLAMATH  Address of Real Estate: 11331 Sprague River Road, Chiloquin, OR, 97624  APN: R3509006D000100000  TWP 35 RNGE 9, BLOCK SEC 6, TRACT POR NE4SE4, ACRES 4.30						0011111
3. This Financing Statement is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  14. This Financing Statement:    covers timber to be cut   covers as-extracted collateral   is filed as a fixture filing  16. Description of real estate:    County of: KLAMATH	1c. MAILING ADDRESS	CITY	<del></del>	STATE	POSTAL CODE	COUNTRY
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5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  Danny Iversen  County of: KLAMATH  Address of Real Estate: 11331 Sprague River Road, Chiloquin, OR, 97624  APN: R3509006D000100000  TWP 35 RNGE 9, BLOCK SEC 6, TRACT POR NE4SE4, ACRES 4.30	3. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATE	MENT:			
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