

Record at the request of and when recorded return to: GoodLeap, LLC

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)

FOLLOW INSTRUCTIONS

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00287988202100145280020025

Klamath County, Oregon

09/24/2021 10:18:25 AM

Fee: \$87.00

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B. E-MAIL CONTACT AT FILER (optional)				
filings@goodleapsupport.com	1			
C. SEND ACKNOWLEDGMENT TO: (Name and Addr	ress)			
	\neg			
GoodLeap, LLC	'			
PO Box # 981440	1			
El Paso, TX 79998- 1440				
			OR FILING OFFICE USE	
 DEBTOR'S NAME: Provide only one Debtor name (1a of name will not fit in line 1b, leave all of item 1 blank, check he 		fify, or abbreviate any part of the Deb formation in item 10 of the Financing		
1a. ORGANIZATION'S NAME	and provide the individual Deptor in			
Ta. ONGANIZATIONS NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
Hernandez	Francisco			
1c. MAILING ADDRESS	CITY	STATE		COUNTRY
2321 Autumn Avenue	Klamath Fa	lls OR	97601	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a o	or 2b) (use exact, full name; do not omit, mod	lify, or abbreviate any part of the Deb	tor's name); if any part of the I	ndividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check he		formation in item 10 of the Financing		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	I=:===================================			
26. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	CITT I	SIAIL	. POSTAL CODE	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE	of ASSIGNOD SECURED DARTY). Descride	anh ana Sasurad Bartu nama (2a an	25)	
3a. ORGANIZATION'S NAME	OF ASSIGNOR SECURED FARTY). Provide	only one Secured Party hame (3a or	30)	
GoodLeap, LLC				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
8781 Sierra College Boulevard	Roseville	CA	95746	USA
4. COLLATERAL: This financing statement covers the following	ing collateral:			
All of the debtor's right, title and int	erest in the Photovoltaic	Solar Energy Equipme	ent or Energy Stor	ragel
Battery Equipment (If any) includir				
DATIETY COMPINED OF ANY INCIDANT	TO THE TIME HEALT OF TO POOR	OD SOUTH DAMPIS SOUTH	rounding materials	3A7911

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.

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 <u>only</u> if applicable and check <u>only</u> 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 # 2013026449						

UCC FINANCING STATEMENT ADDENDUM 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 Hernandez FIRST PERSONAL NAME Francisco 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 INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE CITY COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) X is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): County of: KLAMATH Francisco Hernandez Address of Real Estate: 2321 Autumn Avenue, Klamath Falls, OR, 97601 APN: R532908 TWP 39 RNGE 9, BLOCK SEC 5, TRACT PARCEL 1 LP#55-95, ACRES 0.75, DETITLED MH, EM# 32381 HOME ID 129555 17. MISCELLANEOUS: