Record at the request of and when recorded return to:

2021-015809

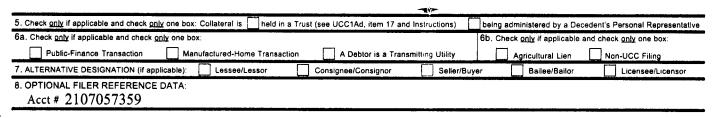
Klamath County, Oregon

GoodLeap, LLC

FOLLOW INSTRUCTIONS		00289427202100158090020023			
A. NAME & PHONE OF CONTACT AT FILER (option	onal)	10/20/2021 10:38:	66 AM	Fee: \$87.0	
B. E-MAIL CONTACT AT FILER (optional)					
filings@goodleapsupport.com					
C. SEND ACKNOWLEDGMENT TO: (Name and A	ddress)				
l —	- ¬ i				
GoodLeap, LLC	i				
PO Box # 981440					
El Paso, TX 79998- 1440					
	1 1				
	THE /	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbrevia	ate any part of the Debtor	s name); if any part of the l	ndividual Debtor's	
name will not fit in line 1b, leave all of item 1 blank, check	k here and provide the Individual Debtor information in ite	m 10 of the Financing Sta	itement Addendum (Form L	ICC1Ad)	
1a. ORGANIZATION'S NAME					
OR					
15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	NAL NAME ADDITIONAL NAME(S)/INITIAL(S		SUFFIX	
Wills	Kevin				
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
5232 Amberview Lane	Klamath Falls	OR	97603	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2	2a or 2b) (use exact, full name; do not omit, modify, or abbrevia	ite any part of the Debtor	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	k here and provide the Individual Debtor information in ite				
2a. ORGANIZATION'S NAME					
OR .					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX	
	417				
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGN	IEE of ASSIGNOR SECURED PARTY): Provide only one Secu	red Party name (3a or 3h	<u> </u>		
3a. ORGANIZATION'S NAME	Section 2010 10 10 10 10 10 10 10 10 10 10 10 10	nou i city name (oz ci ab			
GoodLeap, LLC			•		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	ADDITIONAL NAME(S)/INITIAL(S)		
· ·					
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
8781 Sierra College Boulevard	Roseville	CA	95746	USA	

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.





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 96. INDIVIDUAL'S SURNAME Wills FIRST PERSONAL NAME Kevin ADDITIONAL NAME(S)/INITIAL(S) 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 STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X 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 X is filed as a fixture filing 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 Kevin Wills Address of Real Estate: 5232 Amberview Lane, Klamath Falls, OR, 97603 APN: R893347 PHEASANT RUN TRACT 1473, LOT 33 17. MISCELLANEOUS: ---