Record at the request of and when recorded return to:

2021-017218 Klamath County, Oregon

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	GoodLeap, LLC		00290979202100172180020025			
ICC FINANCING STATEMENT		11/1	11/16/2021 01:14:22 PM		Fee: \$87.0	
DLLOW INSTRUCTIONS . NAME & PHONE OF CONTACT AT FILER (optional)					
. E-MAIL CONTACT AT FILER (optional)						
filings@goodleapsupport.com						
. SEND ACKNOWLEDGMENT TO: (Name a	nd Address)			A .		
GoodLeap, LLC						
PO Box # 981440						
El Paso, TX 79998- 1440			- 4	D 70		
1				W W		
		THE ABO	OVE SPACE IS FO	R FILING OFFICE USE	ONLY	
DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 1b, leave all of item 1 blank,		name; do not omit, modify, or abbreviate a he Individual Debtor information in item 1				
1a. ORGANIZATION'S NAME						
1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Keoni MAILING ADDRESS		Karlee	STATE	POSTAL CODE	COUNTRY	
704 Upland Drive		Klamath Falls	OR	97603	COUNTRY	
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
SECURED PARTY'S NAME (or NAME of AS	SIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Secured	Party name (3a or 3b)		
3a. ORGANIZATION'S NAME GoodLeap, LLC 3b. INDIVIDUAL'S SURNAME	1	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
OB: IN BITTE OF THE O'CO. THE O'CO.	-		1		1-4	
MAILING ADDRESS	-	CITY	STATE	POSTAL CODE	COUNTRY	

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 # 2114054700	

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 9b. INDIVIDUAL'S SURNAME Keoni FIRST PERSONAL NAME Karlee 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 10c. MAILING ADDRESS 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (118 or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY 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) covers as-extracted collateral X is filed as a fixture filling covers timber to be cut 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 Karlee Keoni Address of Real Estate: 5704 Upland Drive, Klamath Falls, OR, 97603 APN: R3809035AA09300000 NORTH HILLS 5TH ADDITION, BLOCK 10, LOT 30 17. MISCELLANEOUS: