

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

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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)	
GoodLeap, LLC	
PO Box # 981440	
El Paso, TX 79998- 1440	

Klamath County, Oregon

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Fee: \$87.00

	THE AB	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) name will not fit in line 1b, leave all of item 1 blank, check here) (use exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item	any part of the Debtor 10 of the Financing St	r's name); if any part of the li atement Addendum (Form U	ndividual Debtor CC1Ad)	
1a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·	
OR 1b. INDIVIDUAL'S SURNAME	TIPOT DEPOCANT MANE	1.00000			
Moore	FIRST PERSONAL NAME Courtney	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
1228 East Street	Klamath Falls	OR	97601	USA	
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SSIGNOR SECURED PARTY): Provide only one Secure	Party name (3a or 3h	<u> </u>		
3a. ORGANIZATION'S NAME	The secured state of the secured state of the secured	i any hame (sa or so	''		
GoodLeap, LLC					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
Bc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
8781 Sierra College Boulevard	Roseville	CA	95746	USA	
. COLLATERAL: This financing statement covers the following or	ollateral:				

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.

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	rer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2111065029	

UCC FINANCING STATEMENT ADDENDUM

OLLOW INSTRUCTIONS NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	atement; if line 1b was left blank				
9a. ORGANIZATION'S NAME	***				
9b. INDIVIDUAL'S SURNAME Moore					
FIRST PERSONAL NAME Courtney					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	_			
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debto do not omit, modify, or abbreviate any part of the Debtor's name) and e 	r name or Debtor name that did not fit in line 1	THE ABOVE SPACE b or 2b of the Financing	IS FOR FILING OFFI Statement (Form UCC1)	use exact, full na	
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		· · · · · · · · · · · · · · · · · · ·		SUFFIX	
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR	
ADDITIONAL SECURED PARTY'S NAME OF A	SSIGNOR SECURED PARTY'S NA	ME: Provide only <u>one</u> n	ame (11a or 11b)		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX	
. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR	
ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<u> </u>		
This FINANCING STATEMENT is to be filed [for record] (or recorder REAL ESTATE RECORDS (if applicable)	1) in the 14. This FINANCING STATEMENT:				
Name and address of a RECORD OWNER of real estate described in iter (if Debtor does not have a record interest):	covers timber to be cut n 16 Description of real estate:	covers as-extracted of	collateral X is filed a	s a fixture filing	
ourtney Moore	County of: KLAMA	County of: KLAMATH			
	Address of Real Estate: 1228 East St	reet, Klamath Falls, C	PR, 97601		
	APN: R380902 NICHOLS, BLOCK 59, LO)		