

Record at the request of and when recorded return to:

## 2022-001371 Klamath County, Oregon

00294860202200042740020022

	GoodLeap, LLC FINANCING STATEMENT		00294860202200013710020023 02/02/2022 11:15:27 AM		
DLLOW INSTRUCTIONS	•	02/02	1/2022   11:15:2 <i>[ ]</i>	AM	Fee: \$87.0
NAME & PHONE OF CONTACT AT FILER (	pptional)	7			
B. E-MAIL CONTACT AT FILER (optional)		-			
filings@goodleapsupport.com					
SEND ACKNOWLEDGMENT TO: (Name a	nd Address)				
Condian IIC					
GoodLeap, LLC PO Box # 981440	'	<b>'</b>			
El Paso, TX 79998- 1440	•				
	<u></u>	THE AR	OVE SDAGE IS EC	ND FU INO OFFICE USE	<b>0111 1</b> 7
DEBTOR'S NAME: Provide only one Debtor na	me (1a or 1b) (use exact, full name; do not or			OR FILING OFFICE USE	
name will not fit in line 1b, leave all of item 1 blank,	heck here and provide the Individual D	ebtor information in item	10 of the Financing St	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME					
3					
	FIRST PERSO	DNAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
16. INDIVIDUAL'S SURNAME					
Callahan	James				
Callahan  MAILING ADDRESS	CITY	_	STATE	POSTAL CODE	COUNTRY
Callahan  MAILING ADDRESS 2451 Or-70  DEBTOR'S NAME: Provide only one Debtor na	CITY Bonanz ne (2a or 2b) (use exact, full name; do not on	nit, modify, or abbreviate	OR any part of the Debtor	97623	USA
Callahan  MAILING ADDRESS 2451 Or-70  DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 2b, leave all of item 2 blank, in the control of t	CITY Bonanz ne (2a or 2b) (use exact, full name; do not on	nit, modify, or abbreviate abtor information in item 1	OR any part of the Debtor	97623	USA
DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 2b, leave all of item 2 blank, in the control of the control on the control on the control of the control on the control on the control of the contr	ne (2a or 2b) (use exact, full name; do not on heck here and provide the Individual Dr	nit, modify, or abbreviate abtor information in item 1	OR any part of the Debtor	97623 's name); if any part of the li atement Addendum (Form U	USA ndividual Debtor CC1Ad)
Callahan  MAILING ADDRESS 2451 Or-70  DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 2b, leave all of item 2 blank, in the control of t	city Bonanz ne (2a or 2b) (use exact, full name; do not on heck here and provide the Individual Dr FIRST PERSO	nit, modify, or abbreviate abtor information in item ' DNAL NAME	ADDITIO	97623 's name); if any part of the liatement Addendum (Form UNAL NAME(S)/INITIAL(S)	USA ndividual Debtor CC1Ad)  SUFFIX  COUNTRY
DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 2b, leave all of item 2 blank, in 2a. ORGANIZATION'S NAME  AMILING ADDRESS  2451 Or-70  DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 2b, leave all of item 2 blank, in 2a. ORGANIZATION'S NAME  AMILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASS 3a. ORGANIZATION'S NAME	city Bonanz ne (2a or 2b) (use exact, full name; do not on heck here and provide the Individual Dr FIRST PERSO	nit, modify, or abbreviate abtor information in item ' DNAL NAME	ADDITIO	97623 's name); if any part of the liatement Addendum (Form UNAL NAME(S)/INITIAL(S)	USA ndividual Debtor CC1Ad)  SUFFIX  COUNTRY
DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 2b, leave all of item 2 blank, and item 2 blank, so the control of the co	city Bonanz ne (2a or 2b) (use exact, full name; do not on heck here and provide the Individual Dr FIRST PERSO	nit, modify, or abbreviate abtor information in item ' DNAL NAME	ADDITIO	97623 's name); if any part of the liatement Addendum (Form UNAL NAME(S)/INITIAL(S)	USA ndividual Debtor CC1Ad)  SUFFIX  COUNTRY
Callahan  MAILING ADDRESS 2451 Or-70  DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 2b, leave all of item 2 blank, in the control of t	city Bonanz ne (2a or 2b) (use exact, full name; do not on heck here and provide the Individual Dr FIRST PERSO	nit, modify, or abbreviate abtor information in item of DNAL NAME	ADDITIO	97623 's name); if any part of the liatement Addendum (Form UNAL NAME(S)/INITIAL(S)	USA ndividual Debto
Callahan  MAILING ADDRESS 2451 Or-70  DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 2b, leave all of item 2 blank, in the control of t	CITY Bonanz  ne (2a or 2b) (use exact, full name; do not on heck here and provide the Individual Definition of the Individual Defini	nit, modify, or abbreviate abtor information in item of DNAL NAME	ADDITIO	97623 's name); if any part of the liatement Addendum (Form UNAL NAME(S)/INITIAL(S)  POSTAL CODE  NAL NAME(S)/INITIAL(S)	USA  ndividual Debtor CC1Ad)  SUFFIX  COUNTRY USA
Callahan  MAILING ADDRESS 2451 Or-70  DEBTOR'S NAME: Provide only one Debtor na name will not fit in line 2b, leave all of item 2 blank, 12a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASS 3a. ORGANIZATION'S NAME  GoodLeap, LLC	CITY Bonanz  ne (2a or 2b) (use exact, full name; do not on heck here and provide the Individual Discrete and Provide the Individual Discr	nit, modify, or abbreviate abtor information in item of DNAL NAME	ADDITIO	97623 's name); if any part of the listement Addendum (Form UNAL NAME(S)/INITIAL(S)  POSTAL CODE	USA  ndividual Debtor CC1Ad)  SUFFIX  COUNTRY USA

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 # 2109072479	

## **UCC FINANCING STATEMENT ADDENDUM**

9a. ORGANIZATION'S NAME			1			
			1			
9b. INDIVIDUAL'S SURNAME			_			
Callahan						
FIRST PERSONAL NAME			+			
James						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONL
. DEBTOR'S NAME: Provide (10a or 10b) only one additiona do not omit, modify, or abbreviate any part of the Debtor's name	Debtor name or	Debtor name that did not fit i	n line 1b or 2b of the Fi	nancing S	Statement (Form UCC1) (use	e exact, full r
10a. ORGANIZATION'S NAME	) and enter the ma	alling address in line 10c				
10b. INDIVIDUAL'S SURNAME		<del></del>				
INDIVIDUAL'S FIRST PERSONAL NAME						·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						
MONTOCAL S ADDITIONAL NAME(S)/MITTAL(S)						SUFFIX
: MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNT
				.,,,,		
ADDITIONAL SECURED PARTY'S NAME or	ASSIGNO	R SECURED PARTY	'S NAME: Provide of	alv one or	ump (11a or 11b)	
11a. ORGANIZATION'S NAME			O TOTAL TIONGO	ny one ne	(118 01 110)	
445 INDIVIDUALIS SUDMANS						
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
: MAILING ADDRESS		CITY		STATE	POSTAL CODE	00000
		CITY		SIAIE	POSTAL CODE	COUNTR
						1
ADDITIONAL SPACE FOR ITEM 4 (Collateral):					*	
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	I					
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						- <b>-</b>
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
	recorded in the	14 This SIMANCING STATE	MENT			
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or record).	recorded) in the	14. This FINANCING STATE  ☐ covers timber to be	·	vtracted o	ollateral X is filed as a	fixture filling
This FINANCING STATEMENT is to be filed [for record] (or reAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe		14. This FINANCING STATE  covers timber to be 16. Description of real estate	cut covers as-e	xtracted c	ollateral ⊠ is filed as a	fixture filing
This FINANCING STATEMENT is to be filed [for record] (or r REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):		covers timber to be	cut covers as-e	xtracted c	ollateral 🗶 is filed as a	fixture filing
This FINANCING STATEMENT is to be filed [for record] (or reAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe		covers timber to be	cut covers as-e	xtracted c	ollateral ⊠ is filed as a	fixture filing
This FINANCING STATEMENT is to be filed [for record] (or r REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):		covers timber to be 16. Description of real estate  County of: KLA  Address of	cut covers as-e			fixture filing
This FINANCING STATEMENT is to be filed [for record] (or r REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):		covers timber to be 16. Description of real estate  County of: KLA	cut covers as-e			fixture filing
This FINANCING STATEMENT is to be filed [for record] (or r REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):		covers timber to be 16. Description of real estate County of: KLA Address of Real Estate: 22451	cut covers as-e o:  MATH  Or-70, Bonanza, O	R, 97623	3	fixture filing
This FINANCING STATEMENT is to be filed [for record] (or r REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):		covers timber to be 16. Description of real estate County of: KLA Address of Real Estate: 22451	cut covers as-e	R, 97623	3	fixture filing
This FINANCING STATEMENT is to be filed [for record] (or r REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):		County of: KLA  Address of Real Estate: 22451  APN: R38  TWP 38 RNGE 11 1/2	cut covers as-e  c	R, 97623 0000 TRACT	3	
This FINANCING STATEMENT is to be filed [for record] (or r REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):		covers timber to be 16. Description of real estate  County of: KLA  Address of Real Estate: 22451  APN: R38	cut covers as-e  c	R, 97623 0000 TRACT		