

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

2022-001564 Klamath County, Oregon

0020500220220004 <i>EE 4</i> 0020020

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
		02/07/2022 02	:00:43 P	M	Fee: \$87.00
A. NAME & PHONE OF CONTACT AT FILER (optional)	7777				
D. F. MAII. CONTACT AT EU CD.					
B. E-MAIL CONTACT AT FILER (optional)					
filings@goodleapsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
GoodLeap, LLC			4	h	
PO Box # 981440				W	
El Paso, TX 79998- 1440					
1	1		400		
<u> </u>		THE ABOVE SPA	CE 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,				
name will not fit in line 1b, leave all of item 1 blank, check here and prov	ide the Individual Debto	or information in item 10 of the F	inancing St	atement Addendum (Form L	JCC1Ad)
1a. ORGANIZATION'S NAME	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
OR 1b. INDIVIDUAL'S SURNAME	FIRST DEDGOUA		LABOUTIO		
Babcock	Jonathan	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		CTATE	Incorn. cons	
3541 Hope Street	Klamath 1	Talls	OR	POSTAL CODE 97603	COUNTRY
				<u> </u>	L
 DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here and provide name will not fit in line 2b. 	full name; do not omit, ide the Individual Debt	modify, or abbreviate any part of or information in item 10 of the F	the Debtor	's name); if any part of the I	ndividual Debtor's
2a. ORGANIZATION'S NAME	The state of the s	with the state of the first transfer of the first		atement Addendom (Form C	CC (Ad)
	ъ т	la. "		- 1	
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			1001110	TALE TO THE CONTRACT OF	30/11/
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
-	10				USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Pro-	vide only one Secured Party nam	ne (3a or 3h))	l
3a. ORGANIZATION'S NAME		,		<u> </u>	
GoodLeap, LLC			_	-	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
			No.		
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:					
A11 . Cat. 1.1 (2 - 1) ((1) 1	n1 . 1.				
All of the debtor's right, title and interest in th					
Battery Equipment (If any), including but not					
mounted batteries, stand alone batteries, inver	ters, cables ar	id wires, support b	racket	s, roof mounted	or ground
mounted racking systems, related equipment,					
security interest includes all warranties issued					,
	with respect	o me referenced ex	omuce.	***	
5 Chack only if applicable and shock ask as how College III		(9 and laster 12 to 15 ft)			
 Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tru Check <u>only</u> if applicable and check <u>only</u> one box: 	st (see UCC1Ad, item			red by a Decedent's Person	
Public-Finance Transaction Manufactured-Home Transaction	A Debies :	ــما	-	applicable and check only	
		Transmitting Utility		ural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consigno	or Seller/Buyer	Bai	lee/Bailor Licer	see/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2112070029					
11000 - 2112010027					

UCC FINANCING STATEMENT ADDENDUM

. N	IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemer	tt: if line 1h was left blank	7			
b	ecause Individual Debtor name did not fit, check here	it, if lifte 10 was left blank	Į.			
	9a. ORGANIZATION'S NAME					
ŀ			_			
			İ			
R	9b. INDIVIDUAL'S SURNAME		-	- 1		
	Babcock		1	- 1		
ľ	FIRST PERSONAL NAME		1			
	Jonathan			→ \	h.	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	A 6		- 6	
_			THE ABOVE	SPACE IS FOR FIL	ING OFFICE U	SE ONL
). [DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	e or Debtor name that did not fit i	n line 1b or 2b of the l	Financing Statement (Fo	orm UCC1) (use e	exact, full
_	10a. ORGANIZATION'S NAME	e mailing address in line 10c				
İ	Total of the High to the High terms of the High		~ 7			
R	10b. INDIVIDUAL'S SURNAME	+		<u> </u>		
		# A N	. 1	*		
ł	INDIVIDUAL'S FIRST PERSONAL NAME				· · · · · · · · · · · · · · · · · · ·	
l	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	J 1 1		-		SUFFIX
			r	- 1		
3.	MAILING ADDRESS	CITY		STATE POSTAL CO	ODE	COUNT
				- I		
-	ADDITIONAL SECURED PARTY'S NAME OF ASSIG				والمراجعة والمراجعة	
_ ⊾	Acore	NOR SECURED PARTY	'S NAME: Provide	only <u>one</u> name (11a or 1	1b)	
<u>_</u>	11a. ORGANIZATION'S NAME	NOR SECURED PARTY	'S NAME: Provide	only one name (11a or 1	1b)	
֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֝֟֟֝֟֟֝֟֟֓֓֓֓֓֓֓֟֟֝֟ <u>֚</u>	11a. ORGANIZATION'S NAME		'S NAME: Provide			
2	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	'S NAME: Provide	ADDITIONAL NAME(S		SUFFIX
,	11a. ORGANIZATION'S NAME		'S NAME: Provide		S)/INITIAL(S)	SUFFIX
c.	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	'S NAME: Provide	ADDITIONAL NAME(S	S)/INITIAL(S)	
c.	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	'S NAME: Provide	ADDITIONAL NAME(S	S)/INITIAL(S)	
c.	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	'S NAME: Provide	ADDITIONAL NAME(S	S)/INITIAL(S)	
2	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	'S NAME: Provide	ADDITIONAL NAME(S	S)/INITIAL(S)	
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	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	'S NAME: Provide	ADDITIONAL NAME(S	S)/INITIAL(S)	
. A	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAME CITY		ADDITIONAL NAME(S	S)/INITIAL(S)	
χ - A	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME CITY This FINANCING STATE	MENT:	STATE POSTAL CO	DDE	COUNT
Z Z	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAME CITY	MENT: cut ☐ covers as-	STATE POSTAL CO	S)/INITIAL(S)	COUNT
Z (ii	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): XX This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	FIRST PERSONAL NAME CITY 14. This FINANCING STATE covers timber to be	EMENT: cut covers as-	STATE POSTAL CO	DDE	COUNT
Z (ii	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in item 16 of Debtor does not have a record interest):	FIRST PERSONAL NAME CITY 14. This FINANCING STATE covers timber to be 16. Description of real estate County of: KLA	EMENT: cut covers as-	STATE POSTAL CO	DDE	COUNT
N (iii	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in item 16 of Debtor does not have a record interest):	FIRST PERSONAL NAME CITY 14. This FINANCING STATE covers timber to be 16. Description of real estate County of: KLA Address of	EMENT: cut covers as-	STATE POSTAL CO	DDE	COUNT
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N (iii	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in item 16 of Debtor does not have a record interest):	The 14. This FINANCING STATE covers timber to be 16. Description of real estate county of: KLA Address of Real Estate: 35411	MENT: cut covers as- : MATH Hope Street, Klama	extracted collateral	DDE	COUNT
N (iii	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in item 16 of Debtor does not have a record interest):	THE STRET PERSONAL NAME CITY 14. This FINANCING STATE covers timber to be 16. Description of real estate County of: KLA Address of Real Estate: 35411 APN: R39	EMENT: cut covers as-	extracted collateral	DDE	COUNT
N (iii	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in item 16 of Debtor does not have a record interest):	The 14. This FINANCING STATE covers timber to be 16. Description of real estate county of: KLA Address of Real Estate: 35411	EMENT: cut covers as-	extracted collateral	DDE	COUNT
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