

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

2022-004249 Klamath County, Oregon



| UCC FINANCING STATEMENT AMENDMENT | Γ | 04/01/2022 02 | :16:43 F | PM | Fee: \$87.0 |
|--|---------------------------|--|---------------|----------------------------------|--------------------------|
| FOLLOW INSTRUCTIONS | | | | | 7 00. 407.0 |
| 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) | | | | | |
| Cood cor U.S. | _ | | | | |
| GoodLeap LLC PO Box # 981440 | ' | | | | |
| El Paso, TX 79998- 1440 | | | | | |
| El Faso, 1X /3338- 1440 | 1 | | | | |
| <u> </u> | | | | R FILING OFFICE US | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER 07/12/2021 2021-010775 KLAMATH, OR | 1 | b. X This FINANCING STATEM (or recorded) in the REAL Filer: attach Amendment Add | ESTATE F | ECORDS | |
| 2. TERMINATION: Effectiveness of the Financing Statement identified above Statement | is terminated w | th respect to the security interes | (s) of Sec | ured Party authorizing t | his Termination |
| ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected col | | Assignee in item 7c and name of | Assignor | in item 9 | |
| CONTINUATION: Effectiveness of the Financing Statement identified abord continued for the additional period provided by applicable law | ove with respect | to the security interest(s) of Secu | red Party | authorizing this Continu | ation Statement is |
| 5. PARTY INFORMATION CHANGE: | | | • | | |
| Check one of these two boxes: AND Check one of these two boxes: ——————————————————————————————————— | | | e: Complet | e item DELETE nam | e: Give record name |
| This Change affects Debtor or Secured Party of record Item 6a | or 6b; and item 7 | a or 7b <u>and</u> item 7c 7a or 7b, | and item 7 | | in Item 6a or 6b |
| CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME | e - provide only <u>c</u> | <u>ne</u> name (6a or 6b) | | | |
| OR 8b. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NAME | ADDITION | NAL NAME(S)/INITIAL(S) | SUFFIX |
| Adam | Kari | | | | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information | n Change - provide o | nly <u>one</u> name (7a or 7b) (use exact, full nar | ne; do not or | it, modify, or abbreviate any pa | rt of the Debtor's name) |
| 7a. ORGANIZATION'S NAME | | | | | |
| OR 7b. INDIVIDUAL'S SURNAME | | | | | <u></u> |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | |
| | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | SUFFIX |
| 7c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| | | | | | |
| | collateral | DELETE collateral R | ESTATE c | overed collateral | ASSIGN collateral |
| Indicate collateral: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM | IENDMENT: P | ovide only one name (9a or 9b) (n | ame of Ass | ignor if this is an Assign | ment) |
| If this is an Amendment authorized by a DEBTOR, check here 🔲 and provide na | ame of authorizin | | | ightor, it this to all 7 today. | |
| 9a. ORGANIZATION'S NAME | | | - | | |
| GoodLeap LLC OR 95. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NAME | ADDITION | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | | |
| 10. OPTIONAL FILER REFERENCE DATA: 2003038906 TERM Debtors: Kari Ada | ım | | | | |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 07/12/2021 2021-010775 KLAMATH, OR 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME GoodLeap LLC 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 13b. INDIVIDUAL'S SURNAME Adam Kari 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral X is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in item 17 1935 Lexington Ave KLAMATH FALLS OR 97601-2149 (if Debtor does not have a record interest): Kari Adam County **KLAMATH APN** R215608 HILLSIDE, BLOCK 23, LOT 1 & 2, #EM, 24160

18. MISCELLANEOUS: