

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

Klamath County, Oregon

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04/04/2022 11:26:41 AM		
R FILING OFFICE USE	ONLY	
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NAL NAME(SYINITIAL(S)	SUFFIX	
POSTAL CODE	COUNTRY	
97603	USA	
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POSTAL CODE	COUNTRY	
95746	USA	
	NAL NAME(SYINITIAL(S)	

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	/er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2201081703	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

	9a. ORGANIZATION'S NAME					
)R	9b. INDIVIDUAL'S SURNAME					
	Hill					
	FIRST PERSONAL NAME Christopher					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
					S FOR FILING OFFICE L	
0.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m		line 1b or 2b of the F	inancing S	statement (Form UCC1) (use	exact, full na
	10a. ORGANIZATION'S NAME					
R	10b. INDIVIDUAL'S SURNAME					·
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
0c.	MAILING ADDRESS	СІТУ		STATE	POSTAL CODE	COUNTRY
1.		OR SECURED PARTY	S NAME: Provide o	nly <u>one</u> na	nme (11a or 11b)	
	11a. ORGANIZATION'S NAME					
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<u> </u>	1	
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_	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE		extracted i	collateral X is filed as a	fixture filing
3.	Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate			<u> </u>	nature minig
5.1	Courts of VI AMATH					
5.1	ristopher Hill					
5.1	ristopher Hill	Address of				
5.1	ristopher Hill	Address of Real Estate: 3459 F	Barnes Way, Klama	ith Falls,	OR, 97603	
5.1	ristopher Hill	Real Estate: 3459 F				
5.1	ristopher Hill	Real Estate: 3459 F	09012BA105			
5.1	ristopher Hill	Real Estate: 3459 E APN: R390	09012BA105			