

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

## 2022-005711 Klamath County, Oregon

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UCC FINANCING STATEMENT		05/04/2022 02:57:16 PM				
A, NAME & PHONE OF CONTACT AT FILER (optional)	1					
,						
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						
		THE ABOVE SPACE IS F				
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex name will not fit in line 1b, leave all of item 1 blank, check here  and</li> </ol>	act, full name; do not omit, modify, or provide the Individual Debtor information in the provided the second contract of the provided					
1a. ORGANIZATION'S NAME						
OR	· · · · · · · · · · · · · · · · · · ·			Tobacan		
16. INDIVIDUAL'S SURNAME Frailey	FIRST PERSONAL NAME Sandra	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX		
1: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
5503 Winterfield Way	Klamath Falls	OR	97603	USA		
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex	act, full name: do not omit, modify, o	r abbreviate any part of the Debt	or's name); if any part of the I	ndividual Debtor's		
	provide the Individual Debtor inform					
2a. ORGANIZATION'S NAME						
OR THE WELL OF SURDIVERS	Telegraphic Market	Tappiz	CONAL MANE (CV/MITTAL (C)	Tourriy		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX		
Ec. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
				USA		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	R SECURED PARTY): Provide only	one Secured Party name (3a or	3b)			
3a. ORGANIZATION'S NAME						
GoodLeap, LLC  OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX		
30. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAC(S)	SUFFIX		
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:						
related equipment, and additions or replacements	rooftop solar panels, so support brackets, roof	olar roofing materials mounted or ground	s, wall mounted bat mounted racking sy	teries, ystems,		
stand alone batteries, inverters, cables and wires, related equipment, and additions or replacements	support brackets, roof	mounted or ground	mounted racking sy	ystems,		
issued with respect to the referenced collateral						
	a Trust (see UCC1Ad, item 17 and I	6b. Check onl	tered by a Decedent's Person y if applicable and check <u>օղկ</u> ultural Lien	one box:		

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

Frailey Frailey First Personal Name Sandra ADDITIONAL NAME(S)INITIAL(S)  DEBTOR'S NAME: Provide (10a or 10b) only gag additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full rid on to mil, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  10b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTIAL ORGANIZATION'S NAME  11a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL SECURED PARTY'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX	- 13	a. ORGANIZATION'S NAME		•	1			
Section   Prailey   First   PRISONAL NAME   STATE   Prostat   Code   Country   Count								
Section   Prailey   First   PRISONAL NAME   STATE   Prostat   Code   Country   Count	Γ	The second secon			1			
Frailey  PRIST PERSONAL NAME (SINITIAL(S)  DEBTOR'S NAME: Provide (10e or 10b) only gag additional Debtor name or Debtor name that did not fit in line 10 or 2b of the Financing Statement (Form UCC1) (use exact, full of not only, or abbriviate any part of the Debtor's name) and enfer the mailing address in line 10c  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  THE ABOVE SPACE IS FOR FILI	OR .	NO N			1			
Superior   State   Provide (10s or 10b) only and additional Debtor name or Debtor name that did not fit in line 15 or 2b of the Financing Statement (Form UCC1) (use exact, full indication of continuous models, or abservable any part of the Debtor's name) and enter the mailing address in line 10c.    10b ORGANIZATION'S NAME   Provide (10s or 10b) only and additional Debtor name or Debtor name that did not fit in line 15 or 2b of the Financing Statement (Form UCC1) (use exact, full indication of continuous models in line 10c.     10c ORGANIZATION'S NAME   Provide (10s or 10b)   Provide (10s								
Sandra  ADDITIONAL NAME(S)NINITIAL(S)  DEBTOR'S NAME: Provide (10a or 10b) only gag additional Debtor name or Debtor name that did not fit in the 10a or 2b of the Financing Statement (Form UCC1) (use exact, but of not out, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in time 10c.  Trian GRIGHARIZATIONS NAME:  NOD: INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL.  SURFIX  THE ADDITIONAL STATE PROVIDED STATE (FOR THE NAME OF T	-	•			-			
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INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNT  TITAL ORGANIZATION'S NAME  PIDE. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  THE POSTAL CODE  COUNTI  COUNTI  ADDITIONAL SECURED PARTY'S NAME: Provide only 9208 name (118 or 110)  TITAL ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  CITY  STATE  FOSTAL CODE  COUNTI  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the lateral state in the provide only 9208 name (118 or 110)  ADDITIONAL SECURED PARTY'S NAME: Provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) in the lateral state in the provide only 9208 name (118 or 110)  This FINANCING STATEMENT is to be filed (for record) in the lateral st	[1	0a. ORGANIZATION'S NAME						
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. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  andra Frailey  16. Description of real estate:  County of: KLAMATH  Address of Real Estate: 5503 Winterfield Way, Klamath Falls, OR, 97603  APN: R3909014AA04100000	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):				STATE	POSTAL CODE	COUNTRY
(if Debtor does not have a record interest): Andra Frailey  County of: KLAMATH  Address of Real Estate: 5503 Winterfield Way, Klamath Falls, OR, 97603  APN: R3909014AA04100000	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FIN					
Address of Real Estate: 5503 Winterfield Way, Klamath Falls, OR, 97603  APN: R3909014AA04100000	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FIN	ers timber to be	cut covers			
Address of Real Estate: 5503 Winterfield Way, Klamath Falls, OR, 97603  APN: R3909014AA04100000	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Ime and address of a RECORD OWNER of real estate described in item 16	14. This FIN	ers timber to be	cut covers			
Real Estate: 5503 Winterfield Way, Klamath Falls, OR, 97603  APN: R3909014AA04100000	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ime and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest):	14. This FIN cov	ers timber to be	cut covers			
APN: R3909014AA04100000	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ime and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest):	14. This FIN cov 16. Descript Coun	ers timber to be ion of real estate	cut covers			
	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ime and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest):	14. This FIN cov 16. Descript Count	ers timber to be ion of real estate ty of: KLA	cut covers	as-extracted o	collateral 🗶 is filed as a	
	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ime and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest):	14. This FIN cov 16. Descript Count	ers timber to be ion of real estate ty of: KLA	cut covers	as-extracted o	collateral 🗶 is filed as a	
SUMMERFIELD RESIDENTIAL COMTR 1456, LOT 32; MS MAKE: CMH	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ime and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest):	14. This FIN  cov  16. Descript  Coun  Addre  Real E	ers timber to be ion of real estate ty of: KLA ess of state: 5503 V	cut covers  MATH  Winterfield Way	as-extracted o	collateral X is filed as a	
	3. S	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ime and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest):	14. This FIN  cov  16. Descript  Coun  Addre  Real E	ers timber to be ion of real estate ty of: KLA ess of state: 5503 V	cut covers  MATH  Winterfield Way	as-extracted o	collateral X is filed as a	
	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ime and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest):	14. This FIN cov 16. Descript Count Addre Real E	ers timber to be ion of real estate ty of: KLA ess of state: 5503 NAPN: R390	cut covers  MATH  Winterfield Way	as-extracted of	collateral X is filed as a alls, OR, 97603	fixture filing
	. A	DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ime and address of a RECORD OWNER of real estate described in item 16 Debtor does not have a record interest):	14. This FIN cov 16. Descript Count Addre Real E	ers timber to be ion of real estate ty of: KLA ess of state: 5503 NAPN: R390	cut covers  MATH  Winterfield Way	as-extracted of	collateral X is filed as a alls, OR, 97603	fixture filing