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

Klamath County, Oregon

0020085420220		

SUFFIX

COUNTRY

USA

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

95746

CA

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		05/05/2022 02:28:08	РМ	Fee: \$87.0
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)				
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GoodLeap, LLC	1 🛔			
PO Box # 981440				
El Paso, TX 79998- 1440				
1	1			
<u> </u>		THE ABOVE SPACE IS F	OR FILING OFFICE USE	ONI Y
1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
Munjar	Daniel			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5911 Delaware Ave	Klamath Falls	OR	97603	USA
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		or abbreviate any part of the Debte ation in item 10 of the Financing S		
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECURED PARTY): Provide only	y one Secured Party name (3a or 3	ßb)	
3a. ORGANIZATION'S NAME				
GoodLeap, LLC				

4. COLLATERAL: This financing statement covers the following collateral:

3b. INDIVIDUAL'S SURNAME

8781 Sierra College Boulevard

3c. MAILING ADDRESS

All of the debtors 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.

Roseville

FIRST PERSONAL NAME

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/Buye	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2204079504	

UCC FINANCING STATEMENT ADDENDUM

96. INDIVIDUAL'S SURNAME Munjar FIRST PERSONAL NAME Daniel ADDITIONAL NAME(S)/INITIAL(S) DEBTOR'S NAME: Provide (10a or 10b) only gga additional Dobtor name or Debtor name that did not fit in line 1 b or 2b of the Financing Statement (Form UCC1) (use exact, full do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ASSIGNOR SECURED PARTY'S NAME: Provide only ggg name (11a or 11b) 11a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SUFFIX SUFFIX ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SUFFI	ecause Individual Debtor name did not fit, check here 9a. 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): niel Munjar 16. Description of real estate: County of: KLAMATH Address of Real Estate: 5911 Delaware Ave, Klamath Falls, OR, 97603 APN: R3909001CC00901000	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	
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Address of Real Estate: 5911 Delaware Ave, Klamath Falls, OR, 97603 APN: R3909001CC00901000	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recall the record of the rec	FIRST PERSONAL NAME CITY recorded) in the 14. This FINANCING STATEM covers timber to be c	ADDIT STATE MENT: ut covers as-extracte	IONAL NAME(S)/INITIAL(S) POSTAL CODE	COUNT
Real Estate: 5911 Delaware Ave, Klamath Falls, OR, 97603 APN: R3909001CC00901000	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recall estate records (if applicable)) Name and address of a RECORD OWNER of real estate describe	FIRST PERSONAL NAME CITY recorded) in the 14. This FINANCING STATEM covers timber to be c	ADDIT STATE MENT: ut covers as-extracte	IONAL NAME(S)/INITIAL(S) POSTAL CODE	COUNT
	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 real estate describe (if applicable)) Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):	recorded) in the CITY CITY 14. This FINANCING STATEM covers timber to be conditional control of real estate:	STATE STATE MENT: ut covers as-extracte	IONAL NAME(S)/INITIAL(S) POSTAL CODE	COUNT
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HOMELAND INNOTONO 2, DOT 17 TON	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 real estate describe (if applicable)) Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):	recorded) in the CITY CITY 14. This FINANCING STATEM covers timber to be covers timber to be cover timber to be cover timber to be covered in item 16 County of: KLA Address of Real Estate: 5911 D	STATE STATE WENT: ut covers as-extracte MATH welaware Ave, Klamath F	iONAL NAME(S)/INITIAL(S) POSTAL CODE d collateral is filed as alls, OR, 97603	COUNT
	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 real estate describe (if applicable)) Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):	FIRST PERSONAL NAME CITY CITY 14. This FINANCING STATEM Covers timber to be compared to the condition of real estate: County of: KLA Address of Real Estate: 5911 D APN: R390	ADDIT STATE STATE STATE MATH relaware Ave, Klamath F	iONAL NAME(S)/INITIAL(S) POSTAL CODE d collateral is filed as alls, OR, 97603	COUNT