

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

2022-006045

Klamath County, Oregon 05/11/2022 03:54:01 PM

Fee: \$87.00

UCC FINANCING STATEMENT A	AMENDMENT	r ·				
A. NAME & PHONE OF CONTACT AT FILER (opti	onal)		1			
B. E-MAIL CONTACT AT FILER (optional)			·			
filings@goodleapsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and A						
 	Address)					
GoodLeap, LLC						
PO Box # 981440					•	
El Paso, TX 79998- 1440						
-			THE ABOVE	ESPACE IS FO	R FILING OFFICE US	F ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			1b. This FINANCING S	STATEMENT AME	NDMENT is to be filed [
2022-003541 03/23/2022				nent Addendum (For	m UCC3Ad) and provide De	
2. TERMINATION: Effectiveness of the Financing Statement	Statement identified above	is terminated w	vith respect to the security	interest(s) of Sec	cured Party authorizing ti	nis Termination
ASSIGNMENT (full or partial): Provide name of For partial assignment, complete items 7 and 9 and 10 an	Assignee in item 7a or 7b, d also indicate affected co	<u>and</u> address of	f Assignee in item 7c <u>and</u> 3	name of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financin continued for the additional period provided by app	g Statement identified abo	ve with respect	to the security interest(s)	of Secured Party	authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:						
Check one of these two boxes:	AND Check one			DD name: Comple	te item DELETE nam	e: Give record name
This Change affects Debtor or Secured Party of 6. CURRENT RECORD INFORMATION: Complete	record item 6a	or 6b; and item 7	'a or 7b <u>and</u> item 7c7a	or 7b, and item 7		in item 6a or 6b
6a. ORGANIZATION'S NAME	or Faity Information Change	e - provide only s	one name (oa or op)			
OR 6b. INDIVIDUAL'S SURNAME					<u> </u>	· · ·
Davenport		FIRST PERSON Clayton	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete	for Assignment or Party Information		only <u>one</u> name (7a or 7b) (use exa	ct, full name; do not on	nit, 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
<u> </u>						
8. COLLATERAL CHANGE: Also check one of the	se four boxes: ADD	collateral [DELETE collateral	RESTATE C	overed collateral	ASSIGN collateral
Indicate collateral:						
				•		
9. NAME OF SECURED PARTY OF RECORD A	UTHORIZING THIS AMI	ENDMENT: Pi	rovide only <u>on</u> e name (9a o	r 9b) (name of Ass	ignor, if this is an Assigni	nent)
If this is an Amendment authorized by a DEBTOR, chec		me of authorizin				
GoodLeap, LLC				*		
9b. INDIVIDUAL'S SURNAME	F	IRST PERSON	AL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:			·			
	venport					

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

11. INITIAL FINANCING STATEMENT FILE NUMBER: 2022-003541 03/23/2022						
12. NAME OF PARTY AUTHORIZING THIS AMENDME	NT: Same as item 9 o	on Amendmei	nt form	1	e e e e e e e e e e e e e e e e e e e	
12a. ORGANIZATION'S NAME				1 .		
GoodLeap, LLC						
OR 125. INDIVIDUAL'S SURNAME						
The state of the s						
FIRST PERSONAL NAME	 			1		
ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX	1		
		·			SPACE IS FOR FILING OFFICE	
13. Name of DEBTOR on related financing statement (*	Name of a current Deb	tor of record	required for index	king purposes only in	some filing offices - see Instruction iter	n 13): Provide d
one Debtor name (13a or 13b) (use exact, full name; do no 13a. ORGANIZATION'S NAME	t omit, modify, or appr	eviate any pa	irt of the Debtor's	name); see Instructio	ons if name does not fit	
134. ORGANIZATIONS NAME					•	
OR 13b. INDIVIDUAL'S SURNAME		FIRST PER	RSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Davenport		Clayton			· ·	JOFFIX .
14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):						
					•	
				2 - 6		
					· · · · · · · · · · · · · · · · · · ·	
	•					
5. This FINANCING STATEMENT AMENDMENT:			17. Descripti	on of real estate:		
covers timber to be cut covers as-extracted colla		s a fixture filir	ng 5122 Hid	ckory Lane, Kla	math Falls, OR 97601	
Name and address of a RECORD OWNER of real estate des (if Debtor does not have a record interest):	scribed in item 17					
	•				•	
Clayton Davenport			Count	1/1 0040711		
			Count	y KLAMATH		
			APN	Dagoooge	DC02200000	
					DC03300000	
			THE WO	ODLANDS PH	IS 1 TR 1416, LOT 27	
	No.					
			ı			