

Record at the request of and when recorded return to:

Klamath County, Oregon

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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	' 			
PO Box # 981440				
El Paso, TX 79998- 1440				
 	THE ABOVE	SPACE IS FO	R FILING OFFICE USE	DNLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name; do not omit, modify, or abbreviate any pa	art of the Debtor	's name); if any part of the In	dividual Debtor's
	the Individual Debtor information in item 10 of t	he Financing Sta	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Ebner	Charles			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11920 Or-39	Klamath Falls	OR	97603	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full				
	the Individual Debtor information in item 10 of t	ine Financing St	atement Addendum (Form O	
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
20. HOWEDONE O CONTAINE			, , , , ,	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	IRED PARTY): Provide only one Secured Party	y name (3a or 3b)	
3a. ORGANIZATION'S NAME				
GoodLeap, LLC OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
S. HONOGAL S CONTAINE				
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:		<u> </u>		
All of the Debtor's right, title and interest in and to G Debtor pursuant to the Home Improvement Agreement Debtor(s), including (a) all accessions, attachments, a such goods; (b) all proceeds from warranty claims rel operations and maintenance agreement; (d) all agreen Improvement Agreement or any operations and maintenance collection, sale or other disposition of such goods, includes, damage or destruction of such goods and any other proceeds of such goods	nt described in the Loan Agre- ccessories, tools, parts, suppli- ated to such goods; (c) such F nents and other documentation tenance agreement; (e) all con- cluding any payment received	ement betwies, replace Home Import relating the Insideration from any	ween Secured Part ements of and add rovement Agreem to such goods, such received from the insurer arising fro	y and itions to ent or any h Home m any
5. Check only if applicable and check only one box: Collateral is held in a Trust 6a. Check only if applicable and check only one box:			red by a Decedent's Persona if applicable and check <u>only</u> o	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		tural Lien Non-UCC	
, , , , , ,	Consignee/Consignor Seller/Buyer	r Ba	ilee/Bailor Licen	see/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2109074190				

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9, NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Ebner FIRST PERSONAL NAME Charles ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; 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 OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE COUNTRY STATE 11c. MAILING ADDRESS CITY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) X is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): County of: KLAMATH Charles Ebner Address of Real Estate: 11920 Or-39, Klamath Falls, OR, 97603 APN: R40090010001100000 TWP 40 RNGE 9, BLOCK SEC 1, TRACT POR N2SE4 LY N OF DRAIN, ACRES 24.64 17. MISCELLANEOUS: