

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

## **UCC FINANCING STATEMENT**

A. NAME & PHONE OF CONTACT AT FILER (optional)

issued with respect to the referenced collateral

**FOLLOW INSTRUCTIONS** 

when recorded return to:
GoodLeap, LLC

2022-006426
Klamath County, Oregon

00300616202200064260030039
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05/20/2022 11:47:52 AM

Fee: \$92.00

B. E-MAIL CONTACT AT FILER (optional)					
filings@goodleapsupport.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
l <del></del>	_				
GoodLeap, LLC	1				
PO Box # 981440					
El Paso, TX 79998- 1440					
1	1				
<u> </u>		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full	name; do not omit,	modify, or abbreviate any part of	the Debtor	s name); if any part of the In	dividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here and provide	the Individual Debto	or information in item 10 of the Fin	ancing Sta	tement Addendum (Form UC	CC1Ad)
1a. ORGANIZATION'S NAME					
OR			r		
16. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Blodgett	Shawn			,	
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
10580 Buesing Rd	Klamath Falls		OR	97603	03/
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide  2a. ORGANIZATION'S NAME	the Individual Debt	or information in item 10 of the Fir	nancing Sta	atement Addendum (Form UC	CC1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
					<u> </u>
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED	IDED DARTY): Pro	vide only one Secured Party name	e (3a or 3b	)	
38. ORGANIZATION'S NAME	DRED FARITY. FIG	vide only <u>one</u> decared t any name	00 01 00	,	· ·
GoodLeap, LLC					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(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:	<del>, '</del>			·	
All of the debtors right, title and interest in the Photo- Equipment (If any), including but not limited to rooft	voltaic Solar	Energy Equipment o	or Ener	gy Storage/Battery	y teries
stand alone batteries, inverters, cables and wires, supp	op soiai paii port brackets	roof mounted or are	und m	ounted racking sy	stems
stand alone batteries, inverters, capies and wires, supp	port brackers	, roor mounted or gre	Junu II	iounicu racking sy	

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	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2204082063	

related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties

## **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 Blodgett FIRST PERSONAL NAME Shawn ADDITIONAL NAME(S)/INITIAL(S) 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) STATE POSTAL CODE COUNTRY 10c. MAILING ADDRESS CITY 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR SUFFIX 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME COUNTRY STATE POSTAL CODE 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 REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: 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 Shawn Blodgett Address of Real Estate: 10580 Buesing Rd, Klamath Falls, OR, 97603 APN: R41100040000300000 See Exhibit A 17. MISCELLANEOUS:

## **EXHIBIT A**

## **Legal Description**

The NW 1/4 of NW 1/4 of Section 4, Township 41 South, Range 10 East of the Willamette Meridian, Klamath County, State of Oregon. TOGETHER WITH a perpetual easement in, to, upon, and over the presently existing roadway located in Klamath County, and described as follows:

The West 30 feet of the W 1/2 SW 1/4 of Section 33, Township 40 South, Range 10 East of the Willamette Meridian, Klamath County, Oregon, and triangular portion of the SW 1/4 SW 1/4, beginning at a point on the South section line of Section 33, 200 feet East of the Southwest corner; thence West 170 feet; thence North 170 feet; thence Southeast in a straight line to the point of beginning. Said easement being for the purpose of ingress and egress over and upon said roadway.

OR\_Kiamath\_Blodgett