Record at the request of and

Klamath County, Oregon



7.00

	when recorded return to: GoodLeap, LLC		00302025202200076690020027			
UCC FINANCING STATEME	NT		06/21/2022 03:10:	34 PM	Fee: \$8	
A. NAME & PHONE OF CONTACT AT FILE	R (optional)					
B. E-MAIL CONTACT AT FILER (optional)						
filings@goodleapsupport.com						
C. SEND ACKNOWLEDGMENT TO: (Name	e and Address)					
		¬		Th		
GoodLeap, LLC		}				
PO Box # 981440						
El Paso, TX 79998- 1440			- 4			
1		11	. /			
		TH	E ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY	
 DEBTOR'S NAME: Provide only one Debtor name will not fit in line 1b, feave all of item 1 blar 		ame; do not omit, modify, or abbrene Individual Debtor information in				
1a. ORGANIZATION'S NAME						
DR 1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	LADOUTIC	NAL NAME(S)/INITIAL(S)	Tarina in	
Patel		Rajesh	ADDITIO	HAL NAME(S)/INITIAL(S)	SUFFIX	
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
895 Westview Dr		Klamath Falls	OR	97603	USA	
 DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blar 	name (2a or 2b) (use exact, full n nk, check here and provide t	ame; do not omit, modity, or abbre ne Individual Debtor information in	eviate any part of the Debto i item 10 of the Financing Si	"s name); if any part of the In atement Addendum (Form U⊢	dividual Debtor's CC1Ad)	
2a. ORGANIZATION'S NAME						
	77	F . JF		- 1		
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
	. % 1	1			USA	
SECURED PARTY'S NAME (or NAME of	ASSIGNEE of ASSIGNOR SECUR	RED PARTY): Provide only one Se	ecured Party name (3a or 3)))		
3a. ORGANIZATION'S NAME			, , , , , ,			
GoodLeap, LLC		- 40	n. Th. 1	, .		
3b. INDIVIDUAL'S SURNAME	100	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS	\	CITY	STATE	POSTAL CODE	COUNTRY	
8781 Sierra College Boulevard	T /	Roseville	CA	95746	USA	
. COLLATERAL: This financing statement cover	s the following collateral:					
All of the debtors right title and	interest in the Photov	oltaio Solar Engrass E	- animment or Engl	on Ctomono/Dattom		

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

5. Check only if applicable and check only one box: Collateral is held in a Tru	ist (see UCC1Ad, item 17 and	Instructions)	being administered by a Decede	ent'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 Transr	mitting Utility	Agricultural Lien	Non-UCC Filling
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2213084541				
ACCC # 2213004341				

UCC FINANCING STATEMENT ADDENDUM

	use Individual Debtor name did not fit, check here ORGANIZATION'S NAME	Statement; if line 1b was					
					4.		
R	INDIVIDUAL'S SURNAME				- 1		
90.	atel		ľ		- 1		
	FIRST PERSONAL NAME					h	
	ajesh						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	+ (· *	
DEI	BTOR'S NAME: Provide (10a or 10b) only one additional Deb	ptor name or Debtor nam	e that did not fit in line	THE ABOVE SP	ACE IS FOR FILIN	IG OFFICE US	BE ONL
do n	not omit, modify, or abbreviate any part of the Debtor's name) and	l enter the mailing addre	ss in line 10c	TO GI ZO GI TIIS I IIIGI	Tolling Statement (For	11 0001) (038 8)	tact, iuii ii
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10b	. INDIVIDUAL'S SURNAME		, (-4.	-	<u> </u>	
-	INDIVIDUAL'S FIRST PERSONAL NAME	76	-				
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	ABBITIONIC GEOGREB I AITI I OTIAME M	ACCIDITOR SECO			one name (11a or 11	0)	
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	. ORGANIZATION'S NAME						
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c. MAI	. INDIVIDUAL'S SURNAME ILING ADDRESS DITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PER	RSONAL NAME	ST	DDITIONAL NAME(S)	/INITIAL(S)	
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. ADD	. INDIVIDUAL'S SURNAME ILING ADDRESS DITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable) a and address of a RECORD OWNER of real estate described in	CITY ded) in the 14. This Fit	RSONAL NAME	AC ST	ODITIONAL NAME(S)	/INITIAL(S)	COUNT
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