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

Klamath County, Oregon

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JCC FINANCING STATEMENT OLLOW INSTRUCTIONS	07/15	/2022 12:54:08	РМ	Fee: \$87.
A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)				
filings@goodleapsupport.com				
SEND ACKNOWLEDGMENT TO: (Name and Addre	ss)			
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GoodLeap, LLC	ł [
PO Box # 981440				
El Paso, TX 79998- 1440				
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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 Debto	r's name): if any part of the t	UNLY
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in Item	10 of the Financing S	atement Addendum (Form U	CC1Ad)
1a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·
R				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Graetsch	Christopher			
MAILING ADDRESS 8607 Reeder Road	CITY	STATE	POSTAL CODE	COUNTRY
	Klamath Falls	OR	97603	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here	2b) (use exact, full name; do not omit, modify, or abbreviate	any part of the Debtor	's name); if any part of the Ir	dividual Debtor's
2a. ORGANIZATION'S NAME	and provide the Individual Debtor information in item	10 of the Financing St	atement Addendum (Form U	CC1Ad)
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SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME GoodLeap, LLC	CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of 38. ORGANIZATION'S NAME	CITY ASSIGNOR SECURED PARTY): Provide only one Secured	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME GoodLeap, LLC	CITY ASSIGNOR SECURED PARTY): Provide only one Secured	STATE d Party name (3a or 3b	POSTAL CODE) NAL NAME(S)/INITIAL(S)	COUNTRY USA
SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME GOODLEAP, LLC 3b. INDIVIDUAL'S SURNAME	CITY ASSIGNOR SECURED PARTY): Provide only one Secured FIRST PERSONAL NAME	STATE	POSTAL CODE	COUNTRY

ny), including but not limited to rooftop solar panels, solar roofing materials, wail 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 Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
60 Check only if and inching and about only	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 # 2210087544	

UCC FINANCING STATEMENT ADDENDUM

MAILING ADDRESS CITY STATE POSTAL CODE COUNT ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(SVINITIAL(S) SUFFIX	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	ment; if line 1b was left blank					
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