Record at the request of and when recorded return to:

Klamath County, Oregon

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Goo	odLeap, LLC	 0030326			8 B B 18 B 118 W19
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		07/18/2022	01:54:30	PM	Fee: \$87
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
filings@goodleapsupport.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Addres	ss)				
GoodLeap, LLC	71				
PO Box # 981440	'				
El Paso, TX 79998- 1440	!				
Li 1 aso, 1 X / 7 / 7 / 1440					
		THE AROVE SP	ACE IS EC	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or name will not 5: in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME OR	and provide the Individual Debtor	information in item 10 of the F	Financing St	atement Addendum (Form U	CC1Ad)
TD. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Wagner	Joyce				
1c. MAILING ADDRESS 3347 Homedale Rd	Klamath F	alls	OR	POSTAL CODE 97603	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2	2b) (use exact, full name; do not omit, m	odify, or abbreviate any part c	f the Debtor	's name); if any part of the li	ndividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here [2a. ORGANIZATION'S NAME]	and provide the Individual Debtor	information in item 10 of the F	inancing St	element Addendum (Form U	CC1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	İ				USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of	ASSIGNOR SECURED PARTY): Provide	de only <u>one</u> Secured Party na	ne (3a or 3t)	
3a. ORGANIZATION'S NAME					
GoodLeap, LLC 3b. INDIVIDUAL'S SURNAME	Telegat perpodual		1		
SULTABORE S SUCIALME	FIRST PERSONAL	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:				
All of the debtors right title and interest in	the Photovoltain Solar E	Inarcy Equipment	ar Entr	are Ct. an and Date.	

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 i	s held in a Trust (see UCC1Ad, item 17 and	d instructions)	being administered by a Dec	edent's Personal Representative
6a. Check only if applicable and check only one box:			6b. Check only if applicable a	nd check only one box:
Public-Finance Transaction Manufactured-H	ome Transaction A Debtor is a Trans	smitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee	e/Lessor Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:				
Acct # 2216083174				

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

Į	9a. ORGANIZATION'S NAME					
ı						
DR.	9b. INDIVIDUAL'S SURNAME					
	Wagner					
1	FIRST PERSONAL NAME					
	Joyce					
Ī	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	7			
	DEPTOPIS NAME OF THE PARTY OF T				S FOR FILING OF	
U. I	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name o do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r	r Debtor name that did not mailing address in line 10c	fit in line 1b or 2b	of the Financing S	tatement (Form UCC	l) (use exact, full r
	10a. ORGANIZATION'S NAME					
OR						
	10b. INDIVIDUAL'S SURNAME	· 				
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
06	MAILING ADDRESS	Тсіту		lotate.	POSTAL CODE	
•••				STATE	POSTAL CODE	COUNT
					1	
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-		OR SECURED PAR	TY'S NAME: P	rovide only <u>one</u> na	me (11a or 11b)	
ا م		OR SECURED PAR			me (11a or 11b) NAL NAME(SYINITIA	(S) SUFFIX
DR -	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM		ADDITIO	NAL NAME(SYINITIAI	
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1c.	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAM	E	ADDITIO	NAL NAME(SYINITIAI	
1c.	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAM	E ATEMENT:	STATE	NAL NAME(SYINITIAI	COUNTI
3. 5. N	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAM	E ATEMENT: be cut	ADDITIO	NAL NAME(SYINITIAI	
3. [This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) ame and address of a RECORD OWNER of real estate described in item 16 to Debtor does not have a record interest):	THE PERSONAL NAME OF THE PERSO	ATEMENT: be cut cov	STATE	NAL NAME(SYINITIAI	COUNTI
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