2022-009816 Klamath County, Oregon

| 2200002460020020 | |
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| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) filings@goodleapsupport.com | GoodLeap, LLC | 08/12/2022 10:42:3 | 6 AM | Fee: \$8 |
|---|---|---|----------------------------------|-------------------|
| FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (option) B. E-MAIL CONTACT AT FILER (optional) | nai) | 00/12/2022 10.42.0 | o Aim | 1 66. 40 |
| A. NAME & PHONE OF CONTACT AT FILER (option) B. E-MAIL CONTACT AT FILER (optional) | nal) | | | |
| B. E-MAIL CONTACT AT FILER (optional) | nai) | | | |
| | | | | |
| filings@goodleansupport.com | | | | |
| | 1 | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Ad | idress) | | | |
| | \neg \square | | | |
| GoodLeap, LLC | ' | | | |
| PO Box # 981440 | | | | |
| El Paso, TX 79998- 1440 | | | | |
| _I <u>L</u> | | // | | |
| 4 DEPTODIO MANE | | THE ABOVE SPACE IS FO | | |
| DEBTOR'S NAME: Provide only one Debtor name (1 name will not fit in line 1b, leave all of item 1 blank, check | a or 1b) (use exact, full name; do not omit, mo | dify, or abbreviate any part of the Debto nformation in Item 10 of the Financing S | r's name); if any part of the In | dividual Debtor's |
| 1a. ORGANIZATION'S NAME | | normation of item 10 of the Fillationing 3 | arement Accentain (Form Oc | JC IAG) |
| | | | | |
| 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL N | IAME ADDITION | ONAL NAME(S)/INITIAL(S) | SUFFIX |
| Gorham | Francine | E 6 7 | | |
| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 1891 Benson Avenue | Klamath Fa | lls OR | 97601 | USA |
| 2: DEBTOR'S NAME: Provide only one Debtor name (2 | a or 2b) (use exact, full name; do not omit, mo | dify, or abbreviate any part of the Debto | r's name); if any part of the In | dividual Debtor's |
| name will not fit in line 2b, leave all of item 2 blank, check | here and provide the Individual Debtor in | nformation in item 10 of the Financing S | latement Addendum (Form UC | C1Ad) |
| 2a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL N | AME ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| Cc. MAILING ADDRESS | | | | |
| c. Mailing address | CITY | STATE | POSTAL CODE | COUNTRY |
| OFOURTH PARTIE | | | | USA |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNE 3a. ORGANIZATION'S NAME | E of ASSIGNOR SECURED PARTY): Provide | only one Secured Party name (3a or 3 |) | |
| GoodLeap, LLC | | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL N | AME JADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | TALE TAME (O) THAT THE (O) | JOHNA |
| C. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 8781 Sierra College Boulevard | Roseville | CA | 95746 | USA |
| COLLATERAL: This financing statement covers the folio | | - OA | 73740 | 100/1 |
| | | | <u>.</u> | |
| All of the debtors right, title and interes | st in the Photovoltaic Solar Ei | nergy Equipment or Ener | gy Storage/Battery | <i>'</i> . |
| Equipment (If any), including but not l | imited to roottop solar panels | solar rooting materials, | wall mounted batt | eries, |
| tand alone batteries, inverters, cables a | | | | |

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 |
|--|--|
| 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 Seiler/Buy | er Bailee/Bailor Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA: | |
| Acct # 2113075325 | |

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

| OR 98. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FOR ADDITIONAL NAME(S)INITIAL(S) 10. DEBTOR'S NAME: Provide (109 or 109) only one additional Debtor name or Debtor name that did not fit in line 10 or 20 of the Financing Statement (Form UCC1) (use exact, full name) and only one abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10s. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME ITIS ORGANIZATION'S NAME FIRST PERSONAL NAME: Provide only one name (11s or 11b) TITIS ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX SUFFIX TITIS ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX SUFFIX SUFFIX STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) TITIS ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX | NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here | nt; if line 1b was left blank | | |
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| DESTOR'S NAME: Provide (10s or 10s) only age adoltonal Destor name or Debtor name that did not fit in the or 25 of the Pinancing Statement Form UCC1) (use exact, full nation of not only, notally, or addresslate any part of the Debtor's name) and enter the mailing address in time 10c. THE ABOVE SPACE IS FOR FLING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FLING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FLING OFFICE USE ONLY. TO BE TOO INTERVIEW TO BE TOO INTERVIEW TO BE ABOUT THE NAME OF THE ABOVE SPACE IS FOR FLING OFFICE USE ONLY. But no fine 10c. THE ABOVE SPACE IS FOR FLING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FLING OFFICE USE. THE ABOVE SPACE IS FOR FLING OFFICE U | ! | | | |
| 10. DESTOR'S NAME Provide (10s or 10s) only gas additional Dastor name or Debtor name that did not fit in line 15 or 29 of the Financing Statement Form UCC1) (tuse exact, full nation of orditional, modify, or abbreviate any part of the Debtor's name) and enter the making address in line 10c 10s. ORGANIZATION'S NAME | | | . / | |
| 10. DETOR'S NAME. Provide (10s or 10s) only gag additional Debtor name or Debtor name that did not fit in the 10 or 20 of the Financing Statement (from UCC1) (use exact, full nation of not not not not only only on the Debtor's name) and enter the making address in line 10c. 10s. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 10c. MARLING ADDRESS OFFY STATE POSTAL CODE COUNTRY 11s. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL SPACE FOR ITEM 4 (Collisteral) 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11d. MODIVIDUAL'S STATEMENT is to be fined (for record (or recorded) in the REAL ESTATE RECORDS (it applicable) 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11d. This FINANCING STATEMENT is to be fined (for record (or recorded) in the REAL ESTATE RECORDS (it applicable) 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11d. This FINANCING STATEMENT is to be fined (for record (or recorded) in the Individual in the In | ADDITIONAL NAME(S)INITIAL(S) | SUFFIX | 7. [] | W - |
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| OR 106. INDIVIDUAL'S SURMANE INDIVIDUAL'S SURMANE INDIVIDUAL'S SURMANE INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) STATE POSTAL CODE COUNTRY ITE CRGANIZATION'S NAME ITE CRGANIZATION'S NAME FIRST PERSONAL NAME: Provide only 2008 name (111 00 110) ITE CRGANIZATION'S NAME FIRST PERSONAL NAME: Provide only 2008 name (111 00 110) ITE CRGANIZATION'S NAME FIRST PERSONAL NAME: Provide only 2008 name (111 00 110) ITE CRGANIZATION'S NAME FIRST PERSONAL NAME: Provide only 2008 name (111 00 110) STATE POSTAL CODE COUNTRY ITE CRGANIZATION'S NAME FIRST PERSONAL NAME: Provide only 2008 name (111 00 110) STATE POSTAL CODE COUNTRY ITE MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ITE CRGANIZATION'S NAME: Provide only 2008 name (111 00 110) TO INDIVIDUAL'S SURMANE ADDITIONAL NAME(S) NITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY ITE CRGANIZATION'S NAME: Provide only 2008 name (111 00 110) TO INDIVIDUAL'S SURMANE ADDITIONAL NAME(S)NITIAL(S) SUFFIX COUNTRY ITE CRGANIZATION'S NAME: Provide only 2008 name (111 00 110) TO INDIVIDUAL'S SURMANE ADDITIONAL NAME(S)NITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY ITE CRGANIZATION'S NAME: Provide only 2008 name (111 00 110) SUFFIX TO INDIVIDUAL'S SURMANE ADDITIONAL NAME(S)NITIAL(S) SUFFIX TO INTIVIDUAL'S SURMANE ADDITIONAL NAME(S)NITIAL(S) SUFFIX TO INTIVIDUAL SURMANE ADDITIONAL NAME(S)NITIAL(S) SUFFIX TO INTIVIDUAL SURMANE ADDITIONAL NAME(S) STATE POSTAL CODE COUNTRY TO INTIVIDUAL SURMANE ADDITIONAL NAME(S)NITIAL(S) SUFFIX TO INTIVIDUAL SURMANE ADDITIONAL NAME(S) SUFFIX TO INTIVIDUAL SURMANE ADDITIONAL NAME(S) SUFFIX TO INTIVIDUAL SURMANE ADDITIONAL NAME(S) STATE POSTAL CODE COUNTRY TO INTIVIDUAL SURMANE ADDITIONAL NAME(S) STATE POSTAL CODE COUNTRY TO INTIVIDUAL SURMANE ADDITIONAL NAME(S) STATE POSTAL CODE COUNTRY TO INTIVIDUAL SUR | do not omit, modify, or abbreviate any part of the Debtor's name) and enter the | ne or Debtor name that did not fit in the mailing address in line 10c | line 1b or 2b of the Financing Statemen | t (Form UCC1) (use exact, full name |
| INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINTIAL(S) SUFFIX 110. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 111. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME: Provide only one name (11e or 11e) 114. OR THE INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINTIAL(S) SUFFIX 110. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 111. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINTIAL(S) SUFFIX 112. ADDITIONAL SPACE FOR ITEM 4 (Collisteral): 113. ADDITIONAL SPACE FOR ITEM 4 (Collisteral): 114. This FINANCING STATEMENT: COUNTRY 115. Description of real estate collisteral 116. Description of real estate (of Debtor does not have a record interest): 117. Country of: KLAMATH Address of Real Estate: 1891 Benson Avenue, Klamath Falls, OR, 97601 APN: R3809020DD022000000 MOUNTAIN VIEW, BLOCK 28, LOT 21 THRU 23 | 10a. ORGANIZATION'S NAME | | | |
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| INDIVIDUAL'S ADDITIONAL NAME(SJINITIAL(S) SUFFIX | TUD. INDIVIOUAL'S SURNAME | | | |
| 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME OR 11. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: COUNTRY 15. Name and address of a RECORD OWNER or real estate described in item 16 (if Debtor does not have a record interest): County of: KLAMATH Address of Real Estate: 1891 Benson Avenue, Klamath Falls, OR, 97601 APN: R3809020DD022000000 MOUNTAIN VIEW, BLOCK 28, LOT 21 THRU 23 | | | | |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (1s or 1ts) 11a ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL (S) SUFFIX | | | | SUFFIX |
| 11a. ORGANIZATION'S NAME TID. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for recorded] (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest): Country of: KLAMATH Address of Real Estate: 1891 Benson Avenue, Klamath Falls, OR, 97601 APN: R3809020DD022000000 MOUNTAIN VIEW, BLOCK 28, LOT 21 THRU 23 | 10c. MAILING ADDRESS | CITY | STATE POSTA | L CODE COUNTRY |
| This Financing address of a Record interest): First Personal name Firs | | NOR SECURED PARTY'S | NAME: Provide only one name (11a | or 11b) |
| 13. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | | *** |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. | 116. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAM | ME(SYINITIAL(S) SUFFIX |
| 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): This FINANCING STATEMENT: Covers timber to be cut Covers as-extracted collateral X is filed as a fixture filing | | CITY | STATE POSTA | L CODE COUNTRY |
| 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): 16. Description of real estate: County of: KLAMATH Address of Real Estate: 1891 Benson Avenue, Klamath Falls, OR, 97601 APN: R3809020DD02200000 MOUNTAIN VIEW, BLOCK 28, LOT 21 THRU 23 | 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | |
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| Real Estate: 1891 Benson Avenue, Klamath Falls, OR, 97601 APN: R3809020DD02200000 MOUNTAIN VIEW, BLOCK 28, LOT 21 THRU 23 | • | County of: KLA | MATH | |
| MOUNTAIN VIEW, BLOCK 28, LOT 21 THRU 23 | | | nson Avenue, Klamath Falls, OR, | 97601 |
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| 7. MISCELLANEOUS: | | MOUNTAIN VIEW, B | LOCK 28, LOT 21 THRU 23 | |
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