Record at the request of and

Klamath County, Oregon

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	GoodLeap, LLC	0030646220220		Fee: \$
ICC FINANCING STATEMENT OLLOW INSTRUCTIONS		09/22/2022 10:54:5	6 AM	rec. v
. NAME & PHONE OF CONTACT AT FILER (option	nal)			
B. E-MAIL CONTACT AT FILER (optional)				
filings@goodleapsupport.com				
. SEND ACKNOWLEDGMENT TO: (Name and Ad	ddress)			
	-			
GoodLeap, LLC	- I - I			
PO Box # 981440				
El Paso, TX 79998- 1440				
	1 1			
		THE ABOVE SPACE IS F	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1	la or 1b) (use exact, full name; do not omit, mod	dify, or abbreviate any part of the Debte	or's name): if any part of the l	ndividual Debi
name will not fit in line 1b, leave all of item 1 blank, check	here and provide the Individual Debtor in	formation in item 10 of the Financing S	tatement Addendum (Form L	CC1Ad)
1a. ORGANIZATION'S NAME				
3				
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
Huffman	Bruce			
MAILING ADDRESS	CITY	STATE	POSTAL CODE	1
MAILING ADDRESS		STATE OR	POSTAL CODE 97625	COUNTRY
MAILING ADDRESS 1917 Highway 140 E	Dairy	OR	97625	USA
MAILING ADDRESS 1917 Highway 140 E	CITY Dairy a or 2b) (use exact, full name; do not omit, mod	OR	97625	USA
MAILING ADDRESS 1917 Highway 140 E DEBTOR'S NAME: Provide only one Debtor name (2)	CITY Dairy a or 2b) (use exact, full name; do not omit, mod	OR	97625	USA
MAILING ADDRESS 1917 Highway 140 E DEBTOR'S NAME: Provide only one Debtor name (2 name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME	CITY Dairy a or 2b) (use exact, full name; do not omit, mod	OR	97625	USA
MAILING ADDRESS 1917 Highway 140 E DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2 name will not fit in line 2b, leave all of item 2 blank, check	CITY Dairy a or 2b) (use exact, full name; do not omit, mod	OR lify, or abbreviate any part of the Debto formation in item 10 of the Financing S	97625	USA
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MAILING ADDRESS 21917 Highway 140 E DEBTOR'S NAME: Provide only one Debtor name (2 name will not fit in line 2b, leave all of item 2 blank, check 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	CITY Dairy a or 2b) (use exact, full name; do not omit, modified the Individual Debtor in FIRST PERSONAL N.	OR lifty, or abbreviate any part of the Debto formation in item 10 of the Financing S AME ADDITION STATE	97625 r's name); if any part of the litatement Addendum (Form UD) DNAL NAME(S)/INITIAL(S)	USA ndividual Debte CC1Ad) SUFFIX COUNTRY
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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
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 # 2216086122	

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fina	incing Statement; if line 1b was	left blank				
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME		***				
	*					
R 95. INDIVIDUAL'S SURNAME						
Huffman						
FIRST PERSONAL NAME						
Bruce						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
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do not omit, modify, or abbreviate any part of the Debtor's name	nai Debtor name or Debtor name) and enter the mailing addre	ss in line 10c	1D or 2D of the Fina	ancing State	ement (Form UC	C1) (use exact,
10a. ORGANIZATION'S NAME				·		······································
R						
10b. INDIVIDUAL'S SURNAME	•					
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUF
			<u> </u>			
c. MAILING ADDRESS	CITY		s	TATE P	OSTAL CODE	CO
11a. ORGANIZATION'S NAME	ASSIGNOR SECU	JRED PARTY'S N			(11a or 11b) _ NAME(SYINITI	AL(S) SUF
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This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	CITY or recorded) in the 14. This FI	RSONAL NAME NANCING STATEMEN vers timber to be cut	S	TATE PO	- NAME(S)/INITI	AL(S) SUF
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