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Acct # 2214107902

Record at the request of and

Klamath County, Oregon

02308873202200135390020024

	when recorded return to: GoodLeap, LLC	003088	00308873202200135390020024			
JCC FINANCING STATEMENT OLLOW INSTRUCTIONS	IT		2 01:20:29 P		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 Address)					
GoodLeap, LLC PO Box # 981440 El Paso, TX 79998- 1440						
I. DEBTOR'S NAME: Provide only one Debtor r		not omit, modify, or abbreviate any	part of the Debtor		ndividual Debtor	
name will not fit in line 1b, leave all of item 1 blank 1a. ORGANIZATION'S NAME	, check here and provide the Indivi	dual Debtor information in item 10 o	of the Financing St	atement Addendum (Form U	CC1Ad)	
OR 1b. INDIVIDUAL'S SURNAME						
Amundson	Dus	Personal name tin	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS 5135 Mazama Dr	CITY	AMATH FALLS	OR	97603-8156	USA	
Amundson MAILING ADDRESS 5135 Mazama Dr	CITY	anda AMATH FALLS	STATE OR	97603-8156	COUNTRY	
5135 Mazama Dr SECURED PARTY'S NAME (or NAME of A) 38. ORGANIZATION'S NAME				<u> </u>	USA	
GoodLeap, LLC						
3b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
8781 Sierra College Boulevard COLLATERAL: This financing statement covers		ville	CA	95746	USA	
all of the debtors right, title and in quipment (If any), including but a land alone batteries, inverters, cab elated equipment, and additions of ssued with respect to the reference	not limited to rooftop sola bles and wires, support bra r replacements of the sam	ar panels, solar roofing ackets, roof mounted o	g materials, or ground m	wall mounted bat ounted racking sy	teries, estems,	
. Check <u>only</u> if applicable and check <u>only</u> one box: Co a. Check <u>only</u> if applicable and check <u>only</u> one box:	ollateral is held in a Trust (see UCC	IAd, item 17 and Instructions)		ed by a Decedent's Persona applicable and check <u>only</u> c		
		Debtor is a Transmitting Utility		ural Lien Non-UCC	Filing	
. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor Consigned	/Consignor Seller/Buye	er Bail			

UCC FINANCING STATEMENT ADDENDUM

pecause Individual Debtor name did not fit, check here							
9a. ORGANIZATION'S NAME							
96. INDIVIDUAL'S SURNAME Amundson							
FIRST PERSONAL NAME							
Dustin							
ADDITIONAL NAME(S)/INITIAL(S)	····	SUFFIX					
			THE ABOVE	SPACE	IS FOR FIL	ING OFFICE U	JSE ONL
DEBTOR'S NAME: Provide (10a or 10b) only one addition do not omit, modify, or abbreviate any part of the Debtor's nam				•			
10a. ORGANIZATION'S NAME							
10b. INDIVIDUAL'S SURNAME			····				
INDIVIDUAL'S FIRST PERSONAL NAME		······					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
MAILING ADDRESS	C	CITY		STATE	POSTAL C	ODE	COUNT
ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNO	R SECURED PARTY'S	NAME: Provide	only <u>one</u> na	ame (11a or 1	11b)	
<u></u>		R SECURED PARTY'S N	NAME: Provide			11b) Syinitial(S)	SUFFIX
11a. ORGANIZATION'S NAME	F		NAME: Provide			SYINITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	F	FIRST PERSONAL NAME	NAME: Provide	ADDITIO	NAL NAME(SYINITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	F	FIRST PERSONAL NAME	NAME: Provide	ADDITIO	NAL NAME(SYINITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	F	FIRST PERSONAL NAME	NAME: Provide	ADDITIO	NAL NAME(SYINITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	F	FIRST PERSONAL NAME	NAME: Provide	ADDITIO	NAL NAME(SYINITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	F	FIRST PERSONAL NAME	NAME: Provide	ADDITIO	NAL NAME(SYINITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	F	FIRST PERSONAL NAME	NAME: Provide	ADDITIO	NAL NAME(SYINITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	F	FIRST PERSONAL NAME	NAME: Provide	ADDITIO	NAL NAME(SYINITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	C	FIRST PERSONAL NAME		ADDITIO	NAL NAME(SYINITIAL(S)	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	C	FIRST PERSONAL NAME	NT:	ADDITIO	POSTAL C	SYINITIAL(S)	COUNT
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	r recorded) in the 1	FIRST PERSONAL NAME CITY 4. This FINANCING STATEME	NT:	STATE	POSTAL C	Sylnitial(S)	COUNT
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate describ	r recorded) in the 1	FIRST PERSONAL NAME OTTY 4. This FINANCING STATEME! Covers timber to be cut	NT:	STATE	POSTAL C	Sylnitial(S)	COUNT
This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATEMENT (if applicable)) Name and address of a RECORD OWNER of real estate describing to be supported by the state of the state describing to be supported by the state of the state describing the state of the sta	r recorded) in the 1	4. This FINANCING STATEMEI covers timber to be cut becomes to be cut covers timber to be cut	NT: covers as	STATE	POSTAL C	SylinitiaL(S) ODE	COUNT
This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATEMENT (if applicable)) Name and address of a RECORD OWNER of real estate describing to be supported by the state of the state describing to be supported by the state of the state describing the state of the sta	r recorded) in the 1	4. This FINANCING STATEMEI covers timber to be cut become to be cut county of: KLAM Address of	NT: Covers as	STATE	POSTAL C	SylinitiaL(S) ODE	COUNT
This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATEMENT (if applicable)) Name and address of a RECORD OWNER of real estate describing to be supported by the state of the state describing to be supported by the state of the state describing the state of the sta	r recorded) in the 1	4. This FINANCING STATEMENT Covers timber to be cut 6. Description of real estate: County of: KLAM Address of Real Estate: 5135 Maz	NT: covers as IATH zama Dr, KLA! 99	STATE STATE AMATH FA	POSTAL CO	Sylinitial(S) ODE X is filed as a filed as	COUNT