Record when re

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

2023-002075

Klamath County, Oregon



UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	Г	03/27/2023 12:4	8:25 PM		Fee: \$87.00
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	1				
		THE ABOVE SPAC	E IS FOR FIL	ING OFFICE USE C	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. X This FINANCING STATEM (or recorded) in the REAL	ESTATE RECU	RUS	
01/18/2022 2022004557 KLAMATH, OR		Filer: attach Amendment Adde	endum (Form UC	C3Ad) and provide Debtor	
2. TERMINATION: Effectiveness of the Financing Statement Identified above Statement	is terminated v	rith respect to the security interes	t(s) of Secured	Party authorizing this	i ermination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected co			Assignor in ite	m 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified abo continued for the additional period provided by applicable law	ve with respect	to the security interest(s) of Secu	ired Party author	orizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: CHANG	E name and/or	ddress: CompleteADD nam	e: Complete iter		Give record name
This Change affects Debtor or Secured Party of record item 6a 6. CURRENT RECORD INFORMATION: Complete for Party Information Change			and item 7c	to be deleted in it	em da or od
6a. ORGANIZATION'S NAME	e - provide only	Mig Hamo (ou or ob)			
0.0					Toursey
OR 6b. INDIVIDUAL'S SURNAME Thompson	FIRST PERSON Michael	IAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information		only one name (7a or 7b) (use exact, full name	me; do not omit, mo	dify, or abbreviate any part of	the Debtor's name)
7a. ORGANIZATION'S NAME					
OR THE INDIVIDUAL IS SUBMANE					
75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE POS	STAL CODE	COUNTRY
7C. MAILING ADDRESS					
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	collateral	DELETE collateral	ESTATE cover	ed collateral	SSIGN collateral
Indicate collateral:		_			
				_ *:: .	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN			name of Assigno	r, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide no said of the said provide no said pro	ame of authorizi	ng Debtor			
GoodLeap LLC					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: 2106076206 TERM Debtors: Michael	Thompson	a & Tamra Thompson			

11. 01	NITIAL FINANCING STATEMENT FILE NUMBER: Same /18/2022 2022004557 KLAMATH, OR	as item 1a on Amendment form			
	NAME OF PARTY AUTHORIZING THIS AMENDMENT: S	ame as item 9 on Amendment form			
	12a. ORGANIZATION'S NAME				
	GoodLeap LLC		-		
DR	12b, INDIVIDUAL'S SURNAME		-		
	FIRST PERSONAL NAME		-{		
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	,	THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
3.	Name of DEBTOR on related financing statement (Name one Debtor name (13a or 13b) (use exact, full name; do not omit,	of a current Debtor of record required for inc	exing pun 's name);	poses only in some filing offices - see Instruction item see Instructions if name does not fit	13): Provide on
	13a. ORGANIZATION'S NAME				*
R	13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Thompson	Michael			ı
15	This FINANCING STATEMENT AMENDMENT:		•	eai estate:	
	This FINANCING STATEMENT AMENDMENT: covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):	X is filed as a fixture filing 2650 and in item 17	Memor	real estate: rial Dr. Klamath Falls OR 97601	
16	Covers timber to be cut Covers as-extracted collateral Name and address of a RECORD OWNER of real estate describe	X is filed as a fixture filing 2650	Memor		
16	covers timber to be cut covers as-extracted collateral Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):	X is filed as a fixture filing 2650 and in item 17	Memor	rial Dr. Klamath Falls OR 97601	

18. MISCELLANEOUS: