

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

## **2023-003448 Klamath County, Oregon**

00344470303300034480030035

05/05/2023 12:37:58 PM

Fee: \$87.00

UCC FINANCING STATEMENT		05/05/2023 12.37.56 PW		ree. \$67.0
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)				
filings@goodleapsupport.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Addre	ess)			
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GoodLeap, LLC	[ ]			
PO Box # 981440			-	
El Paso, TX 79998- 1440				
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DEBTOR'S NAME: Provide only one Debtor name (1a or	1h) (use exact full name to set as it as	THE ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor inform	or abbreviate any part of the Debtor	's name); if any part of the	Individual Debt
1a. ORGANIZATION'S NAME		ation in item to or the Financing St	itement Addendum (Form (	JCC1Ad)
I Ia. ORGANIZATION S NAME				
- · · · · · · · · · · · · · · · · · · ·		<i>~</i> ` ` ` ` `		
	FIRST PERSONAL NAME	THE REAL PROPERTY.		
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Th. INDIVIDUAL'S SURNAME Wilcox	Mark			
R Th. INDIVIDUAL'S SURNAME	Mark	STATE	POSTAL CODE	COUNTRY
R 1b. INDIVIDUAL'S SURNAME Wilcox 2. MAILING ADDRESS 921 Owens Street	Mark  CHY  Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY
Th. INDIVIDUAL'S SURNAME WILCOX  MAILING ADDRESS 921 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or 2)	Mark CHY Klamath Falls 2b) (use exact, full name; do not omit, modify, c	STATE OR	POSTAL CODE 97601	COUNTRY USA
R  1b. INDIVIDUAL'S SURNAME Wilcox  MAILING ADDRESS 921 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or a name will not fit in line 2b, leave all of item 2 blank, check here	Mark CHY Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY USA
R 1b. INDIVIDUAL'S SURNAME Wilcox MAILING ADDRESS 921 Owens Street DEBTOR'S NAME: Provide only one Debtor name (2a or 2)	Mark CHY Klamath Falls 2b) (use exact, full name; do not omit, modify, c	STATE OR	POSTAL CODE 97601	COUNTRY USA
The Individual's surname Wilcox  MAILING ADDRESS 921 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or a name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME	Mark CITY Klamath Falls  2b) (use exact, full name; do not omit, modify, of and provide the Individual Debtor Inform.	STATE OR ir abbreviate any part of the Debtor' atlon in item 10 of the Financing Sta	POSTAL CODE 97601 s name); If any part of the I tement Addendum (Form L	COUNTRY USA
The Individual's surname Wilcox  Mailing address 21 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or a name will not fit in line 2b, leave all of item 2 blank, check here	Mark CHY Klamath Falls 2b) (use exact, full name; do not omit, modify, c	STATE OR ir abbreviate any part of the Debtor' atlon in item 10 of the Financing Sta	POSTAL CODE 97601	COUNTRY USA
The individual's surname Wilcox  Mailling address 21 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	Mark CITY Klamath Falls  2b) (use exact, full name; do not omit, modify, c and provide the Individual Debtor Information of the Individual Debtor Information o	STATE OR r abbreviate any part of the Debtor' atlon in item 10 of the Financing Sta	POSTAL CODE 97601 s name); if any part of the Itement Addendum (Form L	COUNTRY USA ndividual Debto ICC1Ad)
The individual's surname Wilcox  Mailling address 21 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	Mark CITY Klamath Falls  2b) (use exact, full name; do not omit, modify, of and provide the Individual Debtor Inform.	STATE OR ir abbreviate any part of the Debtor' atlon in item 10 of the Financing Sta	POSTAL CODE 97601 s name); If any part of the I tement Addendum (Form L	COUNTRY USA
The individual's surname Wilcox  Mailling address 21 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or a name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADdress	Mark CITY Klamath Falls  2b) (use exact, full name; do not omit, modify, of and provide the Individual Debtor Inform  FIRST PERSONAL NAME  CITY	STATE OR  r abbreviate any part of the Debtor ation in item 10 of the Financing Sta	POSTAL CODE 97601 s name); if any part of the I tement Addendum (Form L IAL NAME(S)/INITIAL(S)	COUNTRY USA Individual Debto ICC1Ad)
R 1b. INDIVIDUAL'S SURNAME Wilcox MAILING ADDRESS 921 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or a name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of	Mark CITY Klamath Falls  2b) (use exact, full name; do not omit, modify, of and provide the Individual Debtor Inform  FIRST PERSONAL NAME  CITY	STATE OR  r abbreviate any part of the Debtor ation in item 10 of the Financing Sta	POSTAL CODE 97601 s name); if any part of the I tement Addendum (Form L IAL NAME(S)/INITIAL(S)	COUNTRY USA
The individual's surname Wilcox  Mailling address 21 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or a name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  Alling address  MAILING ADdress  SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME	Mark CITY Klamath Falls  2b) (use exact, full name; do not omit, modify, of and provide the Individual Debtor Inform  FIRST PERSONAL NAME  CITY	STATE OR  r abbreviate any part of the Debtor ation in item 10 of the Financing Sta	POSTAL CODE 97601 s name); if any part of the I tement Addendum (Form L IAL NAME(S)/INITIAL(S)	COUNTRY USA
The individual's surname Wilcox  Mailing address 21 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME  GoodLeap, LLC	Mark CITY Klamath Falls  2b) (use exact, full name: do not omit, modify, of and provide the Individual Debtor Inform)  FIRST PERSONAL NAME  CITY  ASSIGNOR SECURED PARTY): Provide only	STATE OR  r abbreviate any part of the Debtor ation in item 10 of the Financing Sta	POSTAL CODE 97601 s name); if any part of the I tement Addendum (Form L IAL NAME(S)/INITIAL(S)	COUNTRY USA
The individual's surname Wilcox  Mailing address 21 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of 3a. ORGANIZATION'S NAME  GoodLeap, LLC	Mark CITY Klamath Falls  2b) (use exact, full name; do not omit, modify, of and provide the Individual Debtor Inform  FIRST PERSONAL NAME  CITY	STATE OR  abbreviate any part of the Debtor' atlon in item 10 of the Financing State  ADDITION  STATE  One Secured Party name (3a or 3b)	POSTAL CODE 97601 s name); if any part of the I tement Addendum (Form L IAL NAME(S)/INITIAL(S)	COUNTRY USA
The individual's surname Wilcox Mailing address 221 Owens Street  DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  SECURED PARTY'S NAME (or NAME of ASSIGNEE of GoodLeap, LLC  3b. INDIVIDUAL'S SURNAME	Mark CITY Klamath Falls  Zb) (use exact, full name: do not omit, modify, of and provide the Individual Debtor Inform)  FIRST PERSONAL NAME  CITY  ASSIGNOR SECURED PARTY): Provide only	STATE OR  abbreviate any part of the Debtor' atlon in item 10 of the Financing State  ADDITION  STATE  One Secured Party name (3a or 3b)	POSTAL CODE 97601 s name); If any part of the I tement Addendum (Form C	COUNTRY USA  ndividual Debto (CC1Ad)  SUFFIX  COUNTRY USA
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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 rooften solar papels, solar roofing materials, well as extended to the solar papels.

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 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:

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/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
Acct # 2104050211

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

<ol><li>NAME OF FIRST DEB because Individual Debtor</li></ol>	TOR: Same as line 1a or 1b on Financin name did not fit, check here	ng Statement; if line 1b w	/as left blank	1			
9a. ORGANIZATION'S N							
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					- %		
96. INDIVIDUAL'S SURN	AME				٦.	h	
Wilcox			- 1			Th	
FIRST PERSONAL N	AME						
l .				4		. 70.	
ADDITIONAL NAME(	S)/INITIAL(S)		SUFFIX	9	6 <i>J</i>	N. T.	
DEBTOR'S NAME: F	Provide (10a or 10h) only one additional C	toblor name or Debter		THE ABOV	E SPACE IS FOR	FILING OFFICE	USE ONLY
do not omit, modify, or ab	Provide (10a or 10b) only <u>one</u> additional D breviate any part of the Debtor's name) a	nd enter the mailing add	ame that did not fit in I ress in line 10c	line 1b or 2b of the	Financing Stateme	nt (Form UCC1) (use	exact, full na
10a. ORGANIZATION'S N	IAME						
R		4	b #	- 4	W		
10b. INDIVIDUAL'S SURM	IAME		15				
INDIVIDUAL'S FIRS	PERSONAL NAME	( )	77				_·
INDIVIDUAL'S ADDI	TIONAL NAME(S)/INITIAL(S)	7	1				SUFFIX
. MAILING ADDRESS		CITY		····	STATE POST	AL CODE	COUNTRY
		- T			SIATE POST	AL CODE	COUNTRY
ADDITIONAL SEC	URED PARTY'S NAME OF	ASSIGNOR SEC	URED PARTY'S	NAME: Brouide			
11a. ORGANIZATION'S N		11.000	PREDIARTIS	NAIVIE. Provide	only one name (11a	or 11b)	
44-1112-1112	\						
116. INDIVIDUAL'S SURN	AME	FIRST PE	ERSONAL NAME		ADDITIONAL NA	ME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	1 11 1	CITY		7.7	STATE POSTA	LCODE	COUNTRY
ADDITIONAL SPACE FO	OR ITEM 4 (Collateral):			_			
	7 7			- 11	7		
	- 1	#		_			
			4				
- 1		W	- 10				
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This FINANCING STAT	EMENT is to be filed [for record] (or reco	rded) in the 14. This F	INANCING STATEME	NT:		-	
REAL ESTATE RECOR	IDS (if applicable)	[]	overs timber to be cut	_	extracted collateral	is filed as a fi	ixtura filina
Name and address of a REC if Debtor does not have a re	ORD OWNER of real estate described in	item 16 16. Descri	ption of real estate:		Mileston Collectoral	M is used as a u	ixture ming
rk Wilcox	oord moresty.	Сош	nty of: KLAN	IATH			
		444	ress of				
			Estate: 921 Ower	ns Street, Klama	th Falls, OR, 976	01	
		ļ	ADNI. DOOM	02200044	00000		
		ľ	APN: R3809				
		MILLS	S, BLOCK 104, LC	)T 702 & 703 N	40		
MISCELLANEOUS:	<u> </u>						