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

2023-005421 Klamath County, Oregon

5/10/2023 2023-003570 KLAMATH, OR TERMINATION: Effectiveness of the Financing Statement identified above is terminated with Statement ASSIGNMENT (full or partial): Provide name of Assignee in Item 7e or 7b, and address of A For partial assignment, complete Items 7 and 9 and also indicate affected collateral in Item 8	THE ABOVE SPACE IS FOR FILING (D. X) This FINANCING STATEMENT AMENDMENT is (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) in respect to the security interest(s) of Secured Party	
. NAME & PHONE OF CONTACT AT FILER (optional) . É-MAIL CONTACT AT FILER (optional) filings@goodleapsupport.com . SEND ACKNOWLEDGMENT TO: (Name and Address) GoodLeap LLC PO Box # 981440 El Paso, TX 79998- 1440 . INITIAL FINANCING STATEMENT FILE NUMBER 5/10/2023 2023-003570 KLAMATH, OR ITERMINATION: Effectiveness of the Financing Statement identified above is terminated with Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of A For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	This FINANCING STATEMENT AMENDMENT is (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) a	
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Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7s or 7b, and address of A For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	h respect to the security interest(s) of Secured Party	and provide Debtor's name in item 13
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8		authorizing this Termination
	Assignee in item 7c <u>and</u> name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to continued for the additional period provided by applicable law	the security interest(s) of Secured Party authorizing	this Continuation Statement is
PARTY INFORMATION CHANGE:		
Check one of these two boxes: AND Check one of these three box CHANGE name and/or add	dress; CompleteADD name: Complete item	DELETE name: Give record name
This Change affects Debtor or Secured Party of record Item 6a or 6b; and item 7a	10 200 100 100 100 100 100 100 100 100 1	o be deleted in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only on 6a. ORGANIZATION'S NAME	B Hame (on or op)	
6b. INDIVIDUAL'S SURNAME	L'NAME ADDITIONAL NAME	S)/INITIAL(S) SUFFIX
Mellor		his part of the Debtor's name)
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment or Party Information Change - provide online of the Complete for Assignment of the Co	ly one name (78 or 75) (use stact, tuil name; do not onnt, mouny, or a	business any part or the beauty a marine)
		<u> </u>
R 75. INDIVIDUAL'S SURNAME		
INDIVIDUAL'S FIRST PÉRSONAL NAME		
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)		SUFFIX
lony	STATE POSTAL C	CODE COUNTRY
: MAILING ADDRESS	SIAIE I SOINES	
COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE covered colla	steral ASSIGN collateral
Indicate collateral:		
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: PR	ovide only one name (9a or 9b) (name of Assignor, if this	s is an Assignment)
NAME OF BECORED FART FOR ILLOUND ADTHORIZING THIS AMENDMENT TO		
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing		·
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing 9a. ORGANIZATION'S NAME		(A) AND TALLERY
if this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing 9a. ORGANIZATION'S NAME GOODLEAD LLC	LINAME LADOITIONAL NAME	NUMBER OF STREET
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing 9a. ORGANIZATION'S NAME	L NAME ADDITIONAL NAME	(S)INITIAL(S) SUFFIX

FOLLOW INSTRUCTIONS	IN I ADDENDON			
11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 05/10/2023 2023-003570 KLAMATH, OR				
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as iter	1			
12s. ORGANIZATION'S NAME	III & OTT / ATTENDATION TO THE	ł		
GoodLeap LLC				
GoodEcap EEG				
OR 12b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(SYINITIAL(S)	SUFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE L	JSE ONLY
13. Name of DEBTOR on related financing statement (Name of a current one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or	Debtor of record required for indea	ding purposes only in a name); see Instruction	some filing offices - see Instruction Item ns if name does not fit	13): Provide only
13a. ORGANIZATION'S NAME	A 1	4	-	
OR 13b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Mellor	Glee			
15, This FINANCING STATEMENT AMENDMENT:		tion of real estate:		
	filed as a fixture filing 6709 C	ovina Ct, KLAN	MATH FALLS, OR, 97603-77	798
(if Debtor does not have a record interest): Glee Mellor	Coun	ty KLAMATH	1	
	APN	873471		
	SUNSE	ET VILLAGE 10	TH ADDITION, BLOCK 25,	LOT 7
18, MISCELLANEOUS:				