2024-000521

Klamath County, Oregon

01/19/2024 01:37:02 PM

Fee: \$87.00

UCC FINAL FOLLOW INSTRU	NCING STAT	EMENT	AMENDI	MENT	
FOLLOW INSTRU				MENT	

C. SEND ACKNOWLEDGMENT TO: (Name and Address) GoodLeap,LLC PO Box # 981440 El Paso, TX 79998- 1440 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum a. INITIAL FINANCING STATEMENT FILE NUMBER 2023-009016 10/19/2023 (Form UCC3Ad) and provide Debtor's name in item 13. 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ics) authorizing this Termination Statement ASSIGNMENT: Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item DELETE name: Give record name 7a or 7b, and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME **Dennis** CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only gae name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS STATE POSTAL CODE COUNTRY COLLATERAL CHANGE: DELETE collateral RESTATE covered collateral ASSIGN* collateral Check only one box Indicate collateral *Check ASSIGN COLLATERAL only if the assignce's power to amend the record is limited to certain collateral and describe the collateral in Section 8 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here ___ and provide name of authorizing Debtor . ORGANIZATION'S NAME GoodLeap,LLC 9b. INDIVIDUAL'S SURNAME IRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10. OPTIONAL FILER REFERENCE DATA: Dennis Carr and Marie Carr 2305129308

UCC FINANCING STATEMENT AMENDMENT ADDENDUM 11, INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2023-009016 10/19/2023 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME GoodLeap,LLC 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filling offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Carr **Dennis** 14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe) 15. This FINANCING STATEMENT AMENDMENT 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Name and address of a RECORD OWNER of real estate described in nem 17 34312 CASTLE DR, CHILOQUIN, OR, 97624-9604 (if Debtor does not have a record interest): Dennis Carr and Marie Carr COUNTY KLAMATH APN 893468

PINE MEADOW VILLAGE PH 2 TR 1502,

LOT 20, ACRES 2.0

18. MISCELLANEOUS: