2024-001432 Klamath County, Oregon

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	when recorded return to: GoodLeap, LLC	003	00325394202400014320020028					
JCC FINANCING STATEMENT OLLOW INSTRUCTIONS	•	02/23	/2024 02:19:51	РМ	Fee: \$8			
A. NAME & PHONE OF CONTACT AT FILER (o	ptional)							
B. E-MAIL CONTACT AT FILER (optional)								
filings@goodleapsupport.com								
. SEND ACKNOWLEDGMENT TO: (Name an	d Address)							
		I						
GoodLeap, LLC		1						
PO Box # 981440								
El Paso, TX 79998- 1440								
		- 1 1						
SEE BELOW FOR SECURED PARTY CO	NTACT INFORMATION	THE AB	OVE SPACE IS FO	OR FILING OFFICE USE	ONLY			
name will not fit in line 1b, leave all of item 1 blank, ci	and provide the main	idual Debtor information in item 1	to of the Financing S	latement Addendum (Form C				
Tb. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	IADDITIO	ONAL NAME(S)/INITIAL(S)	ISUFFIX			
16. INDIVIDUAL'S SURNAME Pugh	FIRST Artl		ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX			
Pugh MAILING ADDRESS	Arti	hur	ADDITIO	POSTAL CODE	SUFFIX			
Pugh MAILING ADDRESS 420 Etna St	Artl	hur AMATH FALLS	STATE	97603-3815	COUNTRY			
Pugh MAILING ADDRESS 420 Etna St DEBTOR'S NAME: Provide only one Debtor namname will not fit in line 2b, leave all of item 2 blank, ci	Arti	hur AMATH FALLS	STATE OR any part of the Debtor	POSTAL CODE 97603-3815	COUNTRY USA			
Pugh MAILING ADDRESS 420 Etna St DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, ct 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	Arti	AMATH FALLS not omit, modify, or abbreviate a dual Debtor information in item 1	STATE OR any part of the Debtor	POSTAL CODE 97603-3815 's name); if any part of the latement Addendum (Form L	COUNTRY USA Individual Debte CC1Ad)			
Pugh MAILING ADDRESS 420 Etna St DEBTOR'S NAME: Provide only one Debtor namname will not fit in line 2b, leave all of item 2 blank, ci 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	Arti	AMATH FALLS not omit, modify, or abbreviate a dual Debtor information in item 1	STATE OR any part of the Debto	POSTAL CODE 97603-3815 I's name); if any part of the literature (Form Literature) NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY USA Individual Debte CC1Ad) SUFFIX			
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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 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 True	st (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:		6b. 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 Setter/B	uyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:		
Acct # 2301176566		

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DESTOR									
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing St because Individual Debtor name did not fit, check here	tatement; if lin	ne 1b was left bla	nk						
9a. ORGANIZATION'S NAME	 ···-								
R a una									
9D. INDIVIDUAL'S SURNAME									
Pugh									
FIRST PERSONAL NAME Arthur									
ADDITIONAL NAME(S)/INITIAL(S)		- Income	FIV						
ADDITIONAL MAINE(S)/MITTAL(S)		SUF	FIX						
DERTOR'S NAME: Provide (40e or 10h) astrono additional Data								NG OFFICE I	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debte do not omit, modify, or abbreviate any part of the Debtor's name) and e 	or name or De enter the maili	eptor name that i ing address in lir	did not fit in lir e 10c	ne 1b or 2	b of the Finan	icing S	tatement (For	m UCC1) (use	exact, full nan
10a. ORGANIZATION'S NAME									
10b. INDIVIDUAL'S SURNAME							·		
INDIVIDUAL'S FIRST PERSONAL NAME									
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)									
MOIVIDUAL S ADDITIONAL NAME(S)/INTITAL(S)									SUFFIX
: MAILING ADDRESS	To	ITY			le T	ATE	POSTAL CO	DE .	COUNTRY
	ľ				317	AIC.	FOSTAL CO	UE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or A	VESICNOE	SECURED	DARTVIC	51554F					
. ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR	SECURED	PARITS	NAME:	Provide only g	one nai	me (11a or 11	lb)	
11b. INDIVIDUAL'S SURNAME	FI	IRST PERSONA	NAME		ADI	DITION	NAL NAME(S)	/INITIAL(S)	SUFFIX
116. INDIVIDUAL'S SURNAME	FI	IRST PERSONA	NAME		ADI	DITION	NAL NAME(S)	/INITIAL(S)	SUFFIX
116. INDIVIDUAL S SURNAME		IRST PERSONA ITY	NAME				POSTAL COI		COUNTRY
C. MAILING ADDRESS			NAME						
tib. INDIVIDUAL'S SURNAME c. MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):			- NAME						
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