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

2024-002519 Klamath County, Oregon

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GoodLeap, LI	LC .	00020700	J_01000_		
		04/04/2024 1	10:23:39 AM		Fee: \$87.00
JCC FINANCING STATEMENT					
OLLOW 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 Address)					
	\neg				
GoodLeap, LLC	I I				
PO Box # 981440					
El Paso, TX 79998- 1440					
				D FIL INC OFFICE HEE	ONI V
SEE BELOW FOR SECURED PARTY CONTACT INFORMATIO				R FILING OFFICE USE	
I. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exename will not fit in line 1b, leave all of item 1 blank, check here and p	ict, full name; do not omit, moi rovide the Individual Debtor in	formation in Item 10 of	the Financing Sta	tement Addendum (Form U	CC1Ad)
1a, ORGANIZATION'S NAME					*****
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MULKEY	RICHARD				
c. MAILING ADDRESS	CITY	TEATTO	OR	97601	COUNTRY
5020 Weyerhaeuser Rd 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exa	KLAMATI				
name will not fit in line 2b, leave all of item 2 blank, check here and page 2a. ORGANIZATION'S NAME			LADOUTIO	NAL NAME(S)/INITIAL(S)	Isuffix
26. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	IAME	ADDITIO	NAL NAME(S)/INTTIAL(S)	SUFFIX
MULKEY 2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
5020 Weyerhaeuser Rd	KLAMATI	I FALLS	OR	97601	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	R SECURED PARTY): Provid	e only <u>one</u> Secured Part	ty name (3a or 3t)	
3a. ORGANIZATION'S NAME	-				
GoodLeap, LLC			TARRIES OF	ALAL ALABERON MAUTIAL (C)	SUFFIX
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	IAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	CITY		STATE	POSTAL CODE	COUNTRY
3c. MAILING ADDRESS	-		CA	95746	USA
8781 Sierra College Boulevard	Roseville		CA	73740	_ <u></u>
4. COLLATERAL: This financing statement covers the following collateral: All of the Debtor's right, title and interest in and Debtor pursuant to the Home Improvement Agree Debtor(s), including (a) Roofing (b) all accession additions to such goods; (c) all proceeds from wa Agreement or any operations and maintenance as goods, such Home Improvement Agreement or a from the collection, sale or other disposition of s from any loss, damage or destruction of such goo goods, or any other proceeds of such goods	to Goods purchase ement described in as, attachments, accurranty claims relat greement; (e) all ag any operations and such goods, including	the Loan Agreessories, tools ed to such good reements and commaintenance aging any paymen	eement bet , parts, sup ds; (d) such other docur greement; (t received	plies, replacement Home Improver mentation relating f) all consideration from any insurer a	ty and ts of and nent to such on receive
	a Trust (see UCC1Ad, item 1	and Instructions)		ared by a Decedent's Person	
6a. Check only if applicable and check only one box:			job. Check <u>only</u>	if applicable and check only	OHE DOX:

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:	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 Seller/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2414184598	
Acct # 2414104390	

UCC FINANCING STATEMENT ADDENDUM

INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY STATE POSTAL CODE COUNT ADDITIONAL SECURED PARTY'S NAME QL ASSIGNOR SECURED PARTY'S NAME: Provide only Que name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	98	a. ORGANIZATION'S NAME				
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