Record at the request of and

## 2024-005496 Klamath County, Oregon

	when recorded return to: GoodLeap, LLC		00330380202400054960020025			
	· ·	06/28/2	2024 01:15:27 PN	Л	Fee: \$87.00	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	•					
A. NAME & PHONE OF CONTACT AT FILER (or	ptional)					
B. E-MAIL CONTACT AT FILER (optional)						
filings@goodleapsupport.com						
C. SEND ACKNOWLEDGMENT TO: (Name an	d Address)			4.		
GoodLeap, LLC		$\neg$				
PO Box # 981440						
El Paso, TX 79998- 1440				m 70		
		- 1				
SEE BELOW FOR SECURED PARTY CO	NTACT INFORMATION	THE AL	BOVE SPACE IS FO	R FILING OFFICE USE	ONLY	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name will not fit in line 1b, leave all of item 1 blank, c		not omit, modify, or abbreviate dual Debtor information in item				
1a. ORGANIZATION'S NAME						
OR 16. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Koscinski	Mar	k	8 7			
1c. MAILING ADDRESS	CITY	10	STATE	POSTAL CODE	COUNTRY	
13127 Kann Springs Ln	KEI	10	OR	97627	USA	
<ol> <li>DEBTOR'S NAME: Provide only one Debtor nan name will not fit in line 2b, leave all of item 2 blank, c</li> <li>ORGANIZATION'S NAME</li> </ol>		not omit, modify, or abbreviate dual Debtor information in item				
2b. INDIVIDUAL'S SURNAME		PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Koscinski	Dav	id				
2c. MAILING ADDRESS	KEN	NO.	STATE OR	97627	COUNTRY	
13127 Kann Springs Ln						
3. SECURED PARTY'S NAME (or NAME of ASS 3a. ORGANIZATION'S NAME	BIGNEE of ASSIGNOR SECURED PAR	RTY): Provide only one Secure	ed Party name (3a or 3b	))		
GoodLeap, LLC			<u> </u>	1.00		
OR 3b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
8781 Sierra College Boulevard	Ros	eville	CA	95746	USA	
4. COLLATERAL: This financing statement covers th				<u> </u>		
All of the debtors right, title and int Equipment (If any), including but n stand alone batteries, inverters, cabl related equipment, and additions or issued with respect to the reference	ot limited to rooftop sol les and wires, support br replacements of the san	ar panels, solar roo ackets, roof mount	fing materials, ed or ground n	wall mounted ba nounted racking s	tteries, ystems,	

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 Representation
6a. Check <u>only</u> if applicable and check <u>only</u> 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/But	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2406183696	

## **UCC FINANCING STATEMENT ADDENDUM**

Byb. INDIVIDUAL'S SURNAME KOSCINSKI FIRST PERSONAL NAME Mark ADDITIONAL NAME(S)/INITIAL(S)  DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name) and enter the mailing address in line 10c  10a. ORGANIZATION'S NAME  10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  C. MAILING ADDRESS  CITY STATE POSTAL CODE COUNTR  11a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME  11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	OLLOW INSTRUCTIONS  NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank		
ROSCITISK   ADDITIONAL NAME   SUFFIX   SUFFIX   THE ABOVE SPACE IS FOR FUND OFFICE USE ONLY	9a. ORGANIZATION'S NAME			
ROSCITISK   ADDITIONAL NAME   SUFFIX   SUFFIX   THE ABOVE SPACE IS FOR FUND OFFICE USE ONLY	98			
PRET PERSONAL NAME Mark ADDITIONAL NAME(B) WITHAL(S)  DESTOR'S NAME: Provide (10s or 10s) only gas additional Distor name or Debter name and add not fit in time 15 or 25 of the Financing Setterment Form UCC1) (use exect, full red or to conft. modify, or abbreviate any part of the Distor's name) and enter the making address in line 10c  10s. ORGANIZATIONS NAME  10s. INDIVIDUAL'S FIRST PERSONAL NAME  10s. INDIVIDUAL'S FIRST PERSONAL NAME  10s. INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  2c. MAILING ADDRESS  CITY  STATE  11s. INDIVIDUAL'S SURNAME  11s. INDIVIDUAL'S SURNAME  11s. INDIVIDUAL'S SURNAME  11s. ORGANIZATION'S NAME  11s. ORGANIZATION'S NAME  11s. INDIVIDUAL'S SURNAME  11s. ORGANIZATION'S NAME  11s. INDIVIDUAL'S SURNAME  11s. ORGANIZATION'S NAME  11s. ORGANIZATION'S NAME  11s. ORGANIZATION'S NAME  11s. INDIVIDUAL'S SURNAME  11s. INDIVIDUAL'S SURNAME  11s. INDIVIDUAL'S SURNAME  11s. ORGANIZATION'S NAME  11s. INDIVIDUAL'S SURNAME  11s. INDIVIDUAL'S				
Mark ADDITIONAL NAME: Provide (100 or 100) only age additional Debtor name or Debtor name that did not fill in fine 10 or 26 of the Financing Statement   Form UCC1) (was exact, full not on ton, month, or abbreviate any part of the Debtor's name) and enter the making additions in line 10c    IGB. GRGANIZATION'S NAME   POSTAL ODE   POSTAL ODE   POSTAL ODE   POSTAL ODE   POSTAL ODE   POSTAL ODE				
ADDITIONAL NAME(S)INITIAL(S)  DEBTOR'S NAME: Provide (10 or 105) only gag additional Debtor name or Debtor name that did not fit in fire 10 or 20 of the Financing Statement (Form UCC1) (use exact, file not on out will not file to file on the continum modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c  Top. ORGANIZATION'S NAME  Top. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)  SUFFIX  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  STATE POSTAL CODE  COUNTR  COUNTR  TOP. INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL SPACE FOR ITEM 4 (Collisions):  CITY  STATE POSTAL CODE  COUNTR  TOP. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL SPACE FOR ITEM 4 (Collisions):  CITY  STATE POSTAL CODE  COUNTR  Top. Individual STATEMENT is to be filed (for record) (or recorded) in the 12 covers as-extracted collisions  FIRST PERSONAL NAME  ADDITIONAL SPACE FOR ITEM 4 (Collisions):  CITY  STATE POSTAL CODE  COUNTR  Top. Individual STATEMENT is to be filed (for record) (or recorded) in the 12 covers as-extracted collisions  FIRST PERSONAL NAME  FIRST PERSONAL NA				
DEBTOR'S NAME: Provide (10a or 10b) only gag additional Debtor name or Debtor name that clid not fit in line 1b or 20 of the Financing Statement (Form UCC1) (use exact, full net on act and, modify, or abbreviate any part of the Debtor's name) and enter the making address in line 10c    Top. GRGANIZATION'S NAME		Lougely		
DEBTOR'S NAME: Provide (10s or 10t) only one additional Debtor name or Debtor name that did not it is no to or 2s of the Pinancing Statement (Form UCC1) (use exact, full recond on out, modify, or albitrariate any part of the Debtor's name) and entire the mailing address in line 10c    Tipe ORGANIZATION'S NAME	ADDITIONAL NAME(S)INITIAL(S)		THE ABOVE STACE IS FOR EILING OFFICE	ELIGE ONLY
do not onth, modify, or abbreviete any part of the Debtor's name) and enter the making address in lines 10c    Top. GRGANIZATION'S NAME	DERTOR'S NAME: Provide (10a or 10b) only one additional De			
INDIVIDUAL'S SURNAME   INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)   SUFFIX			, S. 25 (10 )	
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR  115. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  CITY  STATE  POSTAL CODE  COUNTR  115. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  STATE  POSTAL CODE  COUNTR  14. This FINANCING STATEMENT is to be filled [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest):  16. Description of real estate  County of: Klamath  Address: 13127 Kann Springs Ln, KENO, OR, 97627  APN: 618923  KENO WHISPERING PINES 1ST ADDITTION, BLOCK 9, LOT 4 POR	10a. ORGANIZATION'S NAME			
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  11s. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  3. W This FINANCING STATEMENT is to be filled [for recorded] in the Real ESTATE RECORDS (if applicable)  3. W This FINANCING STATEMENT is to be filled [for recorded] in the Real ESTATE RECORDS (if applicable)  3. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest):  County of: Klamath  Address: 13127 Kann Springs Ln, KENO, OR, 97627  APN: 618923  KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4 POR	10b. INDIVIDUAL'S SURNAME	. ( . 4 )	) '	
C. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTR  THE ORGANIZATION'S NAME  TID. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SUPFIX  CITY  STATE  POSTAL CODE  COUNTR  ADDITIONAL SPACE FOR ITEM 4 (Collisieral):  CITY  STATE  POSTAL CODE  COUNTR  14. This FINANCING STATEMENT:  CRAL ESTATE RECORDS (if applicable)  Covers timber to be cut  County of: Klamath  Address: 13127 Kann Springs Ln, KENO, OR, 97627  APN: 618923  KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4  POR	INDIVIDUAL'S FIRST PERSONAL NAME			
ADDITIONAL SECURED PARTY'S NAME    Title ORGANIZATION'S NAME   STATE   POSTAL CODE	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	7 1	1	SUFFIX
TIB. INDIVIDUAL'S SURNAME  TID. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  STATE POSTAL CODE  COUNTR  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filled (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in litem 16 (if Debtor does not have a record interest):  Aark Koscinski and David Koscinski  Address: 13127 Kann Springs Ln, KENO, OR, 97627  APN: 618923  KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4 POR	c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TIB. INDIVIDUAL'S SURNAME  TID. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  STATE POSTAL CODE  COUNTR  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filled (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in litem 16 (if Debtor does not have a record interest):  Aark Koscinski and David Koscinski  Address: 13127 Kann Springs Ln, KENO, OR, 97627  APN: 618923  KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4 POR	ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY'S NA	ME: Provide only one name (11a or 11b)	
c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTR  14. This FINANCING STATEMENT is to be filled (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)  3. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest):  Mark Koscinski and David Koscinski  Address: 13127 Kann Springs Ln, KENO, OR, 97627  APN: 618923  KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4 POR				
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):    ADDITIONAL SPACE FOR ITEM 4 (Collateral):   ADDITIONAL SPACE FOR ITEM 4 (Collateral):   A This Financing Statement:   Covers timber to be cut   Covers as-extracted collateral   Is filed as a fixture filing     Shame and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):   Aark Koscinski and David Koscinski     Address: 13127 Kann Springs Ln, KENO, OR, 97627     APN: 618923     KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4 POR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<b>\ )</b>	
I. Image: This Financing Statement is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  In the and address of a RECORD OWNER of real estate described in item 18 (if Debtor does not have a record interest):  Mark Koscinski and David Koscinski  Address: 13127 Kann Springs Ln, KENO, OR, 97627  APN: 618923  KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4 POR	c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
covers timber to be cut covers as-extracted collateral is filed as a fixture filing  5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  Mark Koscinski and David Koscinski  Address: 13127 Kann Springs Ln, KENO, OR, 97627  APN: 618923  KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4 POR	2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			
covers timber to be cut covers as-extracted collateral is filed as a fixture filing  5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  Mark Koscinski and David Koscinski  Address: 13127 Kann Springs Ln, KENO, OR, 97627  APN: 618923  KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4 POR			, ,	
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APN: 618923  KENO WHISPERING PINES 1ST ADDITION, BLOCK 9, LOT 4 POR	1ark Koscinski and David Koscinski	<u> </u>	Springs Ln, KENO, OR, 97627	
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