

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

## 2024-007684 Klamath County, Oregon

00333034202400076840020028	 

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UCC FINANCING STATEMENT		09/03/2024 11:29:	12 AM	Fee: \$87.00	
FOLLOW 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)					
GoodLeap, LLC	コー				
PO Box # 981440	·		- 1		
El Paso, TX 79998- 1440			# J		
Li raso, 1X / 3330- 1440	i .		$\sim$ $^{\circ}$		
SEE BELOW FOR SECURED PARTY CONTACT INFO	DRMATION	THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b)     name will not fit in line 1b, leave all of item 1 blank, check here.			Debtor's name); if any par	t of the Individual Debtor's	
1a. ORGANIZATION'S NAMÉ			V		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME TAD	DITIONAL NAME(S)/INIT	IAL(S) SUFFIX	
Ryckewaert	pheaedra	4 1	P	, , ,	
ic. MAILING ADDRESS	CITY		ATE POSTAL CODE	COUNTRY	
16550 Oregon 140	Klamath I	alls C	OR 97603	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) name will not fit in line 2b, leave all of item 2 blank, check here		nodify, or abbreviate any part of the C r information in item 10 of the Financ			
2a. ORĠANIZATIÓN'S NAME	1		_ /		
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME AD	DITIONAL NAME(S)/INIT	IAL(S) SUFFIX	
Ryckewaert	Brian		- I		
2c. MAILING ADDRESS	CITY		ATE POSTAL CODE	COUNTRY	
16550 Oregon 140	Klamath F	alls O	R   97603	USA	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SSIGNOR SECURED PARTY): Prov	ride only one Secured Party name (3a	a or 3b)		
3a. ORGANIZATION'S NAME			1 4	,	
GoodLeap, LLC			4		
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	DITIONAL NAME(S)/INIT	IAL(S) SUFFIX	
3c. MAILING ADDRESS	CITY	STA	ATE POSTAL CODE	COUNTRY	
8781 Sierra College Boulevard	Roseville		A 95661	USA	
COLLATERAL: This financing statement covers the following or				I	
All of the debtare right title and interest in t	tha Dhatavaltaia Calar	Faculty Faultment on F	Emanari Stanaga/I	Dattani	
All of the debtors right, title and interest in Equipment (If any), including but not limite				•	
stand alone batteries, inverters, cables and v					
related equipment, and additions or replacer				-	

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 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/Buyu	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2402189472	

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

because Individual Debtor name did not fit, check here  9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME		7	la.		
Ryckewaert			W		
FIRST PERSONAL NAME					
pheaedra					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS F	OP FILING OFFICE USE (	ONI V	
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debto do not omit, modify, or abbreviate any part of the Debtor's name) and e					
10a. ORGANIZATION'S NAME		-			
10b. INDIVIDUAL'S SURNAME	<del></del>	<del>-43</del> -			
	<u> </u>				
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	X		SUE	FFIX	
. MAILING ADDRESS	CITY	STATE PO	STAL CODE CO	UNTRY	
ADDITIONAL SECURED PARTY'S NAME OF A	SSIGNOR SECURED PARTY'S N	IAME: Provide only one name	(11a or 11b)		
11a ORGANIZATION'S NAME	1				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S) SUF	FFIX	
. MAILING ADDRESS	CITY	STATE PO	STAL CODE CO	DUNTRY	
ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<u>.                                      </u>		
		1 7			
	1 1				
This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	ed) in the 14. This FINANCING STATEMEN	 NT:			
Name and address of a RECORD OWNER of real estate described in its	covers timber to be cut	covers as-extracted collate	eral X is filed as a fixture	filing	
(if Debtor does not have a record interest):	County of: KLAMA	ATH			
neaedra Ryckewaert and Brian Ryckewaert	Address: 16550 Ore	Address: 16550 Oregon 140, Klamath Falls, OR, 97603			
	<b>APN</b> : 1376				
	P.P. 47-04, PARCEI TAX LIABILITY	L 1, ACRES 152.64, P	OTENTIAL ADDITI	IONAI	