Record at the request of and when recorded return to:

## 2024-009931 Klamath County, Oregon

	100000		

37.00

	GoodLeap, LLC			11/14/2024 11:58:49 AM		
UCC FINANCING STATEMENT						Fee: \$8
FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (option)	onal)		1			
A. NAME & PHONE OF CONTACT AT FIELD (opin	, many					
B. E-MAIL CONTACT AT FILER (optional)						
filings@goodleapsupport.com  C. SEND ACKNOWLEDGMENT TO: (Name and A	\ddraes\					
C. SEND ACKNOVVLEDGMENT TO: (Name and A	(udress)	_				
GoodLeap, LLC		l				
PO Box # 981440						
El Paso, TX 79998- 1440						
SEE BELOW FOR SECURED PARTY CONT.	ACT INFORMATION		THE ABOVE S	BACE IS EC	AD EIL ING OFFICE	E LIGE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name		name; do not omit,			R FILING OFFICE s name); if any part	
name will not fit in line 1b, leave all of item 1 blank, chec			or information in item 10 of th			
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME		FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIA	AL(S) SUFFIX
SIMMONS		MARILY	N		,	
1c. MAILING ADDRESS		CITY		STATE		
630 N 10TH ST	<u> </u>		TH FALLS	OR	97601	USA
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name ( name will not fit in line 2b, leave all of item 2 blank, chec</li> </ol>			modify, or abbreviate any pai or information in item 10 of th			
2a. ORGANIZATION'S NAME	<u> </u>					
OR						
2b. INDIVIDUAL'S SURNAME		FIRST PERSONA	LNAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
				John	T GOTAL GODE	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGN	NEE of ASSIGNOR SECU	RED PARTY): Pro	vide only one Secured Party	name (3a or 3t	))	
3a. ORGANIZATION'S NAME						
GoodLeap, LLC OR 3b. INDIVIDUAL'S SURNAME	<del></del>	FIRST PERSONA	I NAME	TADDITIO	NAL NAME(S)/INITIA	AL(S) SUFFIX
		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/MITTAL(S)		12(0)
3c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8781 Sierra College Boulevard		Roseville	. <del></del>	CA	95661	USA
4. COLLATERAL: This financing statement covers the fo	illowing collateral:					
All of the Debtors right, title and inter						
Debtor pursuant to the Home Improve	_					•
Debtor(s), including (a) Water Efficie						
of and additions to such goods; (c) all	•	•		~ .		
Agreement or any operations and mai						
goods, such Home Improvement Agre						
from the collection, sale or other dispo						
from any loss, damage or destruction		nd any otner	payment received	as a resu	it of possessi	ng any such
goods, or any other proceeds of such g	goods					
5. Check only if applicable and check only one box: Collater	ral is held in a Trust (	see UCC1Ad, item				Personal Representative
6a. Check only if applicable and check only one box:	nd Homo Traces stille	П <u>л р-ы</u> -	1		f applicable and chec	
	ed-Home Transaction ssee/Lessor	A Debtor is Consignee/Consignee	a Transmitting Utility or Seller/Buyer		tural Lien No	on-UCC Filing Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:						7 2/201/396/2//291/801
Acct # 2402204817 F	FIX .		KLAMAT	Ή		

**UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME OR 96. INDIVIDUAL'S SURNAME **SIMMONS** FIRST PERSONAL NAME **MARILYN** ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. 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; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS COUNTRY POSTAL CODE 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): County of: KLAMATH MARILYN SIMMONS Address: 630 N 10TH ST, KLAMATH FALLS, OR, 97601 APN: 370315 NICHOLS, BLOCK 62, LOT 7 & 8 POR

17. MISCELLANEOUS: FIX