Record at the request of and when recorded return to:

## 2024-010622 Klamath County, Oregon

002400406220	

\$92.00

GoodLeap,	LLC	12/09/2024 11:39:12 AM			
UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS					
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)					
<b> </b>	<b>──  </b>				
GoodLeap, LLC	1 1				
PO Box # 981440	<b>!</b>				
El Paso, TX 79998- 1440					
<b>l</b> 1	1 [				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION —— TH	E ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use	exact, full name: do not omit, modify, or abbr	eviate any part of the Debto	r's name); if any part of the le	ndividual Debtor's	
name will not fit in line 1b, leave all of item 1 blank, check here an	d provide the Individual Debtor information in	item 10 of the Financing St	atement Addendum (Form U	CC1Ad)	
1a. ORGANIZATION'S NAME					
OR			·		
The INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Colvin 1c MAILING ADDRESS	Edward		1		
17790 Harpold Road	Malin	OR	POSTAL CODE 97632	COUNTRY	
· · · · · · · · · · · · · · · · · · ·				USA	
2. DEBTOR'S NAME. Provide only one Debtor name (2a or 2b) (use a					
	d provide the Individual Debtor information in	i item 10 of the Financing St	atement Addendum (Form U	CC1Ad)	
2a ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME					
20. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
2c MAILING ADDRESS	CITY	STATE	DOCTAL CODE	COUNTRY	
20. MAILING ADDRESS	CITY	STATE	POSTAL CODE	USA	
. 050/1050 0485/10			<u> </u>		
3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN  3a ORGANIZATION'S NAME	OR SECURED PARTY): Provide only one S	ecured Party name (3a or 3b	))		
GoodLeap, LLC					
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	Roseville	CA	95661	USA	
COLLATERAL: This financing statement covers the following collaters		CA	73001		

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 isheld in a Trust (see UCC1Ad, item 17 and Instructions)being administered by a Decedent's Personal Representative							
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 Ma	nufactured-Home Transacti	on A Debtor is a Trans	smitting Utility	Agricultural Lien	Non-UCC Filing		
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor		
8. OPTIONAL FILER REFERENCE DATA: Acct # 2103059241	FIX		Klamath				

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 Colvin FIRST PERSONAL NAME Edward 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 OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME OF 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 STATE POSTAL CODE CITY COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral) 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 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: County of: Klamath Edward Colvin Address: 17790 Harpold Road, Malin, OR, 97632 APN: R40120300001000000 See Exhibit A

17. MISCELLANEOUS: FIX

## Exhibit A

## **Legal Description**

PARCEL 1: That portion of the SE1/4 of the SW1/4 of Section 30, Township 40 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon, lying Southwesterly of the Malin-Bonanza Highway. PARCEL 2: That portion of Lot 4, Section 30, Township 40 South, Range 12 East, Willamette Meridian, lying Southerly of Poe Valley-Malin Highway, Klamath County, Oregon. PARCEL 3: All of Government Lot 1, Section 31, Township 40 South, Range 12 East, Willamette Meridian, Klamath County, Oregon.

OR\_Klamath\_Colvin