

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

2025-002358

Klamath County, Oregon 04/01/2025 03:11:01 PM

ee: \$87.00

				Fee: \$87.00	
UCC FINANCING STATEMENT AMENIFOLLOW INSTRUCTIONS	DMENT				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)		7			
B. E-MAIL CONTACT AT SUBMITTER (optional) filings@goodleapsupport.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Loanpal,LLC					
PO Box # 981440 El Paso, TX 79998- 1440					
SEE BELOW FOR SECURED PARTY CONTACT IN	FORMATION			R FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2020-007443 06/18/2020		1b This FINANCING STATEMEN (or recorded) in the REAL ES (Form UCC3Ad) and provide	THILL ILL	GONDO THEIL BREEF AMERIC	ord] ment Addendum
2. TERMINATION: Effectiveness of the Financing Statement identifie	d above is terminated with res	pect to the security interest(s) of Secur	red Part(y	r)(ies) authorizing this Termin	ation Statement
ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and a For partial assignment, complete items 7 and 9, check ASSIGN Colla					
4. CONTINUATION: Effectiveness of the Financing Statement identificational period provided by applicable taw	fied above with respect to the	security interest(s) of Secured Party ac	uthorizing	this Continuation Statement	is continued for the
5. PARTY INFORMATION CHANGE:					
This Change affects Deblor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item	address: Complete 7a or 7b and item 7c 7a or 7b and item 7c			Give record name item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Ga ORGANIZATION'S NAME	ition Change - provide only <u>on</u>	e name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Stickles	Amanda				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Pa 7a ORGANIZATION'S NAME	arly Information Charige - provide only	r <u>one</u> name (7a or 7b) (use exact, full name: do r	not omit, mo	dity, or abbreviate any part of the D	ebtor's name)
OR 7b INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					· · · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
COLLATERAL CHANGE: <u>Check only one box.</u> Indicate collateral:	ADD collateral	DELETE: collateral RE only if the assigned's power to amend the record		لسسا	ASSIGN* collateral
rideate collateral	OHER ASSIGN COLEATERAL C	mily in the assignmest power to attend the record) 13 million to	Contain Condition and Occided the	constend in Section a
NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here and ORGANIZATION'S NAME	THIS AMENDMENT: Provide name of authorizing D		of Assigno	r, if this is an Assignment)	
Loanpal,LLC					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: 2007022806 TERM	Amanda Stid	ckles			

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS

USE ONL
Provide only
SUFFIX
00111
< 17, LC