

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

**2025-005311**  
**Klamath County, Oregon**  
**06/30/2025 08:25:01 AM**  
**Fee: \$92.00**

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                                                                                                                                                                                                                                                                          |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| B. E-MAIL CONTACT AT SUBMITTER (optional)<br><b>filings@goodleapsupport.com</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><div style="border: 1px solid black; padding: 10px; margin: 5px 0;"><b>GoodLeap, LLC</b><br/><br/><b>PO Box # 981440</b><br/><b>El Paso, TX 79998- 1440</b></div> <p style="text-align: center; margin-top: 10px;"><b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b></p>                                                                                                                                                                                                                                                   |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>2023-004893</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                     | 1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13.<br><b>06/26/2023</b> |                               |
| 2. <input checked="" type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 3. <input type="checkbox"/> <b>ASSIGNMENT:</b> Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9; check ASSIGN Collateral box in Item 8 and describe the <b>affected</b> collateral in item 8                                                                                                                                                                                                                                                         |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 4. <input type="checkbox"/> <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law                                                                                                                                                                                                                                                                                                   |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 5. <b>PARTY INFORMATION CHANGE:</b><br>Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record <span style="margin-left: 20px;">AND Check <u>one</u> of these three boxes to:</span><br>This Change affects <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; <u>and</u> item 7a or 7b <u>and</u> item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, <u>and</u> item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 6. <b>CURRENT RECORD INFORMATION:</b> Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 6a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 6b. INDIVIDUAL'S SURNAME<br><b>Hawkins</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | FIRST PERSONAL NAME<br><b>Terry</b> |                                                                                                                                                                                                                                                                          | ADDITIONAL NAME(S)/INITIAL(S) |
| 7. <b>CHANGED OR ADDED INFORMATION:</b> Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)                                                                                                                                                                                                                                                                                                                                                   |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 7a. ORGANIZATION'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                       |
| 8. <b>COLLATERAL CHANGE:</b> Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral<br>Indicate collateral: <span style="float: right; font-size: small;">*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8</span>                                                                                                      |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 9. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment)<br>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor                                                                                                                                                                                                                                                                                         |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 9a. ORGANIZATION'S NAME<br><b>GoodLeap, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                     |                                                                                                                                                                                                                                                                          |                               |
| 9b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | FIRST PERSONAL NAME                 |                                                                                                                                                                                                                                                                          | ADDITIONAL NAME(S)/INITIAL(S) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                     |                                                                                                                                                                                                                                                                          | SUFFIX                        |
| 10. <b>OPTIONAL FILER REFERENCE DATA:</b><br><b>2209105602</b> <span style="margin-left: 50px;">TERM</span> <span style="float: right; font-size: large;"><b>Terry Hawkins</b></span>                                                                                                                                                                                                                                                                                                                                                                                            |  |                                     |                                                                                                                                                                                                                                                                          |                               |

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

|                                                                                |        |
|--------------------------------------------------------------------------------|--------|
| 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form |        |
| 2023-004893 06/26/2023                                                         |        |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form |        |
| 12a. ORGANIZATION'S NAME                                                       |        |
| GoodLeap,LLC                                                                   |        |
| OR                                                                             |        |
| 12b. INDIVIDUAL'S SURNAME                                                      |        |
| FIRST PERSONAL NAME                                                            |        |
| ADDITIONAL NAME(S)/INITIAL(S)                                                  | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                                                                                                                                                                                                                                                        |                     |                               |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------|--------|
| 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit |                     |                               |        |
| 13a. ORGANIZATION'S NAME                                                                                                                                                                                                                                                                                                                               |                     |                               |        |
| OR                                                                                                                                                                                                                                                                                                                                                     |                     |                               |        |
| 13b. INDIVIDUAL'S SURNAME                                                                                                                                                                                                                                                                                                                              | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| Hawkins                                                                                                                                                                                                                                                                                                                                                | Terry               |                               |        |

14. ADDITIONAL SPACE FOR (CHECK ONE BOX): ☐ ITEM 8 (Collateral) OR ☐ OTHER INFORMATION (Please Describe)

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☒ is filed as a fixture filing

16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest):

Terry Hawkins

17. Description of real estate:

8989 Shady Pine Rd, KLAMATH FALLS, OR,  
97601-9357

COUNTY KLAMATH

APN R3709031AC00900000

TWP 37 RNGE 9, BLOCK SEC 31, TRACT POR LOT  
2 SW4NE4, ACRES 3.25

18. MISCELLANEOUS: