

2025-011227

Klamath County, Oregon



00350715202500112270030036

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

12/16/2025 02:07:33 PM

Fee: \$97.00

UCC FINANCING STATEMENT

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
PO Box # 981440
El Paso, TX 79998- 1440
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR 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 abbreviate any part of the Debtor's name)...

1a. ORGANIZATION'S NAME
OR
1b. INDIVIDUAL'S SURNAME: Reed
FIRST PERSONAL NAME: Cedrick
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
1c. MAILING ADDRESS: 10815 Or-39
CITY: Klamath Falls
STATE: OR
POSTAL CODE: 97603
COUNTRY: USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name)...

2a. ORGANIZATION'S NAME
OR
2b. INDIVIDUAL'S SURNAME: Reed
FIRST PERSONAL NAME: Savannah
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
2c. MAILING ADDRESS: 10815 Or-39
CITY: Klamath Falls
STATE: OR
POSTAL CODE: 97603
COUNTRY: USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME: GoodLeap, LLC
OR
3b. INDIVIDUAL'S SURNAME
FIRST PERSONAL NAME
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
3c. MAILING ADDRESS: 8781 Sierra College Boulevard
CITY: Roseville
STATE: CA
POSTAL CODE: 95661
COUNTRY: USA

4. COLLATERAL: This financing statement covers the following collateral

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 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: Public-Finance Transaction, Manufactured-Home Transaction, A Debtor is a Transmitting Utility
6b. Check only if applicable and check only one box: Agricultural Lien, Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor, Consignee/Consignor, Seller/Buyer, Bailee/Bailor, Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA: Acct # 2404190045, 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	9b. INDIVIDUAL'S SURNAME
	Reed
	FIRST PERSONAL NAME
	Cedrick
	ADDITIONAL NAME(S)/INITIAL(S)
	SUFFIX

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

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. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT:

<p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)</p> <p>Cedrick Reed and Savannah Reed</p>	<p><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing</p> <p>16. Description of real estate</p> <p>County of: Klamath</p> <p>Address: 10815 Or-39, Klamath Falls, OR, 97603</p> <p>APN: 602896</p> <p>See Exhibit-A</p>
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17. MISCELLANEOUS: **FIX**

Exhibit A

Legal Description

Tract No. 4, located in Section 31, Township 39 South, Range 10 East, W.M. Beginning at the Southwest corner of Section 31, Township 39 South, Range 10 East, W.M.; thence East 784.45 feet to the point of beginning. This point is located on the centerline of the termination of the U.S. Bureau of Reclamation Lateral C-5 and the South line of Section 31. Thence Northeasterly along the centerline of an irrigation ditch on the following bearings: N 3° 20' W. 36.4 feet; thence N. 31° 31' E. 405.0 feet; thence N. 40° 22' E. 75.8 feet; thence N. 30° 53' W. 51.0 feet; thence N. 17° 12' W. 66.4 feet; to a point. Then leaving the irrigation ditch thence East 643.0 feet to the West meander line of Lost River as it now exists (1973); thence Southerly along the West meander line of Lost River to a point that intersects the South section line of Section 31 and is 965.0 feet East of the point of beginning; thence West 965.0 feet to the point of beginning containing 9.4 acres, more or less. All subject to easements for irrigation and drainage and maintenance and to easements and rights of way of record and those apparent on the land and to waiver of riparian rights as shown in Vol. 25, page 158, Deed Records for Klamath County, Oregon.

OR_Klamath_Reed