UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	Record at the request of and when recorded return to: GoodLeap, LLC		Skamania County, WA Total:\$204.50 UCC Pgs=2 Request of: GOODLEAP, LLC 1111111111111111111111111111111111				
A. NAME & PHONE OF CONTACT AT FILER (opi	ional)						
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							
. DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 1b, leave all of item 1 blank, che				the Debtor		dividual Debto	
			- N	L. 1			
16. INDIVIDUAL'S SURNAME Mckay		FIRST PERSONAL N Amanda	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS 110 Shady Oak Ln		NORTH BO	ONNEVILLE	STATE WA	POSTAL CODE 98639	COUNTRY	
P. DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, che			dify, or abbreviate any part of aformation in item 10 of the Fi				
2a. ORGANIZATION'S NAME	SKIIGIO LI AINA PIOTIGO II	TO MICHAEL POPULATION	is matter it well to or the th		Activation (1 of the oc		
DR zb. individual's surname Mckay		FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS 110 Shady Oak Ln	$\mathcal{L}(\mathcal{L})$	NORTH BO	ONNEVILLE	WA	98639	COUNTRY	
. SECURED PARTY'S NAME (or NAME of ASSIG	NEE of ASSIGNOR SECUP	RED PARTY): Provide	only <u>one</u> Secured Party nam	e (3a or 3b)		
GoodLeap, LLC					, ,		
3b. INDIVIDUAL'S SURNAME	*	FIRST PERSONAL N	AME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY	
8781 Sierra College Boulevard		Roseville		CA	95746	USA	
COLLATERAL: This financing statement covers the f All of the debtors right, title and int Equipment (If any), including but n stand alone batteries, inverters, cab related equipment, and additions or issued with respect to the reference	erest in the Photo ot limited to roof les and wires, sup replacements of	top solar pane port brackets,	s, solar roofing m roof mounted or g	aterial: ground	s, wall mounted ba mounted racking	atteries, systems,	

LOT C - BLK 3 4,650 SQ FT

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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:	6b. Check only if applicable and check only one box:				
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	/er Bailee/Bailor Licensee/Licensor				
8. OPTIONAL FILER REFERENCE DATA: Acct # 2303144830					

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 9b. INDIVIDUAL'S SURNAME Mckay FIRST PERSONAL NAME Amanda 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 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 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 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral X 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: Skamania Amanda Mckay and Tyler Mckay Address of Real Estate: 110 Shady Oak Ln, NORTH BONNEVILLE, WA, 98639 APN: 02072112060000 LOT C - BLK 3 4,650 SQ FT 17. MISCELLANEOUS: