

Record at the request of and when recorded return to: GoodLeap, LLC Skamania County, WA Total:\$304.50 UCC Pgs=2

2024-001434

10/02/2024 11:30 AM

Request of: GOODLEAP LLC

00019584202400014340020023

UCC FINANCING STATEMENT

FOL	LOWINSTRUCTIONS					
A. 1	NAME & PHONE OF CONTACT AT FILER (optional)					
ם	E-MAIL CONTACT AT FILER (optional)					
	filings@goodleapsupport.com					
	SEND ACKNOWLEDGMENT TO: (Name and Address)	 				
٠.٠	— (Name and Address)				A	
	GoodLeap, LLC					
	PO Box # 981440					
	El Paso, TX 79998- 1440				. "	
,	Di 1 450, 111 / / / / 1110	1		4		
4	SEE BELOW FOR SECURED PARTY CONTACT INFORMATION		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE O	ONLY
1. D	PEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full i	name; do not omit,	modify, or abbreviate any part of	the Debtor	s name); if any part of the In-	dividual Debtor's
n	ame will not fit in line 1b, leave all of item 1 blank, check here and provide t	the Individual Debte	or information in item 10 of the F	inancing Sta	atement Addendum (Form UC	CC1Ad)
	1a. ORGANIZATION'S NAME					
OR						
010	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	Disney	Brielle		7		
	MAILING ADDRESS	CITY	TOAT	STATE	POSTAL CODE	COUNTRY
35	901 CANYON CREEK RD	WASHO	JGAL	WA	98671	USA
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r	name; do not omit,	modify, or abbreviate any part of	the Debtor'	s name); if any part of the Inc	dividual Debtor's
		the Individual Debt	or information in item 10 of the Fi	inancing Sta	tement Addendum (Form UC	CC1Ad)
	2a. ORGANIZATION'S NAME	. "			- 16	
OR	2b. INDIVIDUAL'S SURNAME	Iguner pépaéu		Linning	111 114 14 15 (O) (INSTITUTE OF	Tarramin
	20. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS	CITY		CTATE	POSTAL CODE	COUNTRY
26, 1	MAILING ADDRESS	Citi		STATE	POSTAL CODE	USA
	TOURT RAPE OF THE STATE OF THE					
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU 3a, ORGANIZATION'S NAME	RED PARTY): Pro	vide only one Secured Party nam	ne (3a or 3b	\	
	GoodLeap, LLC			- 4	-	
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
87	781 Sierra College Boulevard	Roseville		CA	95661	USA

4. COLLATERAL: This financing statement covers the following collateral:

All of the Debtors right, title and interest in and to Goods purchased with the proceeds of the loan by Secured Party to Debtor--pursuant to the Home Improvement Agreement described in the Loan Agreement between Secured Party and Debtor(s), including (a)
Water Efficiency (b) all accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to such goods; (c)
all proceeds from warranty claims related to such goods; (d) such Home Improvement Agreement or any operations and maintenance
agreement; (e) all agreements and other documentation relating to such goods, such Home Improvement Agreement or any
operations and maintenance agreement; (f) all consideration received from the collection, sale or other disposition of such goods,
including any payment received from any insurer arising from any loss, damage or destruction of such goods and any other payment
received as a result of possessing any such goods, or any other proceeds of such goods

CITY/MUNI/TWP:100 MAP REF:MAP R5 P

01050522080000

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 # 2407209469	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME							
				4			
9b. INDIVIDUAL'S SURNAME							
Disney	ì						
FIRST PERSONAL NAME							
Brielle		1		~ ~			
ADDITIONAL NAME(S)/INITIAL(S)	S	SUFFIX	THE ABOVE SPACE	EIS FOR FILING OFFICE	EURE ONL		
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debto do not omit, modify, or abbreviate any part of the Debtor's name) and er		nat did not fit in line 1					
10a. ORGANIZATION'S NAME			- 1				
10b. INDIVIDUAL'S SURNAME		. (-43				
INDIVIDUAL'S FIRST PERSONAL NAME		4.4					
		10.0					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	777	1		- 4	SUFFIX		
MAILING ADDRESS	Сіту	*	STATE	POSTAL CODE	COUNT		
ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECURE	D PARTY'S NA	MF: Provide only one	name (11a pr 11b)			
11a. ORGANIZATION'S NAME	30,01011011020011		INC. I TOTAL OTH ONE	Traine (Tra of Tro)	 		
11b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX		
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNT		
ADDITIONAL SPACE FOR ITEM 4 (Collateral):		_		<u>.</u>	1		
ADDITIONAL SPACE FOR TEM 4 (Collateral):) 7	-			
	"						
	-						
		/					
This FINANCING STATEMENT is to be filed [for record] (or recorder REAL ESTATE RECORDS (if applicable)	-	NCING STATEMENT s timber to be cut	covers as-extracte	d collateral X is filed as	a fixture filing		
Name and address of a RECORD OWNER of real estate described in ite (if Debtor does not have a record interest):	m 16 16. Descripti	on of real estate: of: SKAMA					
Brielle Disney		Address: 3901 CANYON CREEK RD, WASHOUGAL, WA, 98671					
		APN: 01050522080000					
	CITY/N	MUNI/TWP:10	00 MAP REF:M.	AP R5 P			