

Skamania County, WA  
Total:\$304.50  
UCC  
Pgs=2  
10/21/2025 11:36 AM  
Request of: GOODLEAP LLC

2025-001662  
00022546202500016620020029

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

## 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); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME Korst	FIRST PERSONAL NAME Carolyn	ADDITIONAL NAME(S)/INITIAL(S) E	SUFFIX
1c. MAILING ADDRESS 306 WANA KAWOK ST	CITY NORTH BONNEVILLE	STATE WA	POSTAL CODE 98639	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); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME Korst	FIRST PERSONAL NAME Steven	ADDITIONAL NAME(S)/INITIAL(S) G	SUFFIX
2c. MAILING ADDRESS 306 WANA KAWOK ST	CITY NORTH BONNEVILLE	STATE WA	POSTAL CODE 98639	COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE OF 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 Debtor's 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) Windows (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

LOT 6 BLK 3 RELOCATED NORTH BONNEVILLE BK BPG 9 26,878 SQ FT

02073011330000

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/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

Acct # 2515032241

FIX

SKAMANIA

## **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	Korst
FIRST PERSONAL NAME	
Carolyn	
ADDITIONAL NAME(S)/INITIAL(S)	E
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  ASSIGNEE SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME	<input type="checkbox"/> ASSIGNEE 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:**

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

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

16. Description of real estate:

Carolyn E Korst and Steven G Korst

10. Description of real estate.

Address: 306 WANA KAWOK ST NORTH BONNEVILLE WA 98639

APN: 02073011330000

LOT 6 BLK 2 RELOCATED NORTH BONNEVILLE BLK BBC 2

26,878 SQ FT

**17. MISCELLANEOUS: FIX**