DOUGLAS COUNTY, NV 2022-987911 APN: 142007718006 Rec:\$60.00 07/28/2022 09:35 AM Total:\$60.00 **GOODLEAP** Record at the request of and when recorded return to: GoodLeap, LLC **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** KAREN ELLISON, RECORDER 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 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 and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) name will not fit in line 1b, leave all of item 1 blank, check here 1a, ORGANIZATION'S NAME OR SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 1b. INDIVIDUAL'S SURNAME Raymond Vasquez COUNTRY 1c. MAILING ADDRESS CITY POSTAL CODE CARSON CITY NV89705-7110 918 Garnet Ct 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 Debter information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX STATE POSTAL CODE COUNTRY 2c. MAILING ADDRESS CITY 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3b. INDIVIDUAL'S SURNAME COUNTRY STATE POSTAL CODE 3c. MAILING ADDRESS **USA** Roseville CA 95746 8781 Sierra College Boulevard 4. COLLATERAL: This financing statement covers the following collateral: All of the debtor's 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

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

6b. Check only if applicable and check only one box:

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Ballee/Bailor

Manufactured-Home Transaction

Lessee/Lessor

6a. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: Acct # 2215079838

Public-Finance Transaction

OLLOW INSTRUCTIONS 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				\ \	
93. URGANIZATION'S NAME				\ \	
				\ \	
8b, INDIVIDUAL'S SURNAME				\ \	
Vasquez					\
FIRST PERSONAL NAME			The same of the sa		1
Raymond ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
				S FOR FILING OFF	
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nam do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	ne or Debtor name that did not fit in the mailing address in line 10c	i line 1b or 2b of the	Financing S	tatement (Form UCC1)	(use exact, full nar
10a, ORGANIZATION'S NAME	///	1	1		
10b. INDIVIDUAL'S SURNAME			-		
INDIVIDUAL'S FIRST PERSONAL NAME			/		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		////			SUFFIX
	_				
MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTR
ADDITIONAL SECURED PARTY'S NAME or ASSIG	GNOR SECURED PARTY	'S NAME: Provide	only <u>one</u> na	ame (11a or 11b)	
11s. ORGANIZATION'S NAME			1		
T 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
	\ \		Υ		
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				<u></u>	
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This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STATE	EMENT:			
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	COVERS BILLIDER TO BO		-extracted	collateral X is filed	as a fixture filing
(if Debtor does not have a record interest):					
aymond Vasquez	County of: DO	JGLAS			
	Address of Real Estate: 918 G	arnet Ct, CARSO	N CITY, I	NV, 89705-7110	
	APN: 142	007718006			
			СЕТЛЕТ	/ ESTATES SEC/T	WN/RNG/MED
		EC 07 TWN 14N		Loiaied Sec/I	WINNIO/NEK