CC FINANCING STATEMENT LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) Filings@goodleapsupport.com SEND ACKNOWLEDGMENT TO: (Name and A GoodLeap, LLC PO Box # 981440	·	ad	GOODL 001736 SHAWN	8020231	0013110020020 RREN, RECORD	Pgs
LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) E-MAIL CONTACT AT FILER (optional) filings@goodleapsupport.com SEND ACKNOWLEDGMENT TO: (Name and A GoodLeap, LLC	when recorded return to: GoodLeap, LLC	ad	001736 SHAWN	B020231	10013110020020 RREN, RECORD	LED
LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) E-MAIL CONTACT AT FILER (optional) filings@goodleapsupport.com SEND ACKNOWLEDGMENT TO: (Name and A GoodLeap, LLC	·		001736 SHAWN	8020231 YNE GA	10013110020020 RREN, RECORD	
NAME & PHONE OF CONTACT AT FILER (optional) E-MAIL CONTACT AT FILER (optional) filings@goodleapsupport.com SEND ACKNOWLEDGMENT TO: (Name and A GoodLeap, LLC	·		OHAWN	INLGA	INNEIN, NECOND	
filings@goodleapsupport.com SEND ACKNOWLEDGMENT TO: (Name and A GoodLeap, LLC					\ \	'EK
filings@goodleapsupport.com SEND ACKNOWLEDGMENT TO: (Name and A GoodLeap, LLC	Milwan				\ \	
GoodLeap, LLC	A dalam and				\ \	
	Address)				\ \	
				Name and Address of the Owner, where the Owner, which is the Ow	\ '	\
PO BOX # 981440		•				\
El Paso, TX 79998- 1440				Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic		/
_						
DEBTOR'S NAME: Provide only one Debtor name	(1a or 1h) /use exact full name: do				R FILING OFFICE U	
name will not fit in line 1b, leave all of item 1 blank, chec						
1a. ORGANIZATION'S NAME				\		
1b. INDIVIDUAL'S SURNAME	FIRST F	ERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL((S) SUFFIX
Linke	Dan	iel)			
MAILING ADDRESS	CITY	d.,1113		STATE	POSTAL CODE	COUNTRY
356 Northampton Cir	Gard	Inerville	_//	NV	89410	
26. INDIVIDUAL'S SURNAME Linke MAILING ADDRESS	FIRST F Vale	ersonal name erie			NAL NAME(S)/INITIAL(S) SUFFIX
356 Northampton Cir	75.	lnerville		NV	89410	USA
SECURED PARTY'S NAME (or NAME of ASSIG 3a. ORGANIZATION'S NAME	NEE of ASSIGNOR SECURED PAR	(TY): Provide only one	Secured Party nam	e (3a or 3b)	
GoodLeap, LLC		\ \				
3b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITION	NAL NAME(S)/INITIAL(S	S) SUFFIX
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
781 Sierra College Boulevard	Rose	ville		CA	95746	0521
	Rose collowing collateral: terest in the Photovolta not limited to rooftop s les and wires, support r replacements of the s	aic Solar Ener olar panels, so brackets, roof	olar roofing noting mounted or	cA et or En naterial ground	95746 ergy Storage/F ls, wall mounted mounted rack	Battery ed batteries, ting systems
	·					
theck <u>only</u> if applicable and check <u>only</u> one box: Collate	ral is held in a Trust (see UCC	1Ad, item 17 and Instr			red by a Decedent's Pe	
Check only if applicable and check only one box: Public-Finance Transaction Manufacture	ed-Home Transaction A	Debtor is a Transmittin	! -	_	f applicable and check of tural Lien	only one box: UCC Filing
Transfer transaction Mandiactor	A I	SOUND TO THE STREET	5 Juny	Agricult	arar cieriNon-t	JOO I MILE

DOUGLAS COUNTY, NV

2023-1001311

FOL	C FINANCING STATEMENT ADDENDUM LOW INSTRUCTIONS	: Pag Ale was left blook	1			
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if ecause Individual Debtor name did not fit, check here	line 1b was left blank			\ \	
_	9a. ORGANIZATION'S NAME				\ \	
}			ł		\ \	
			/		\	\
PR	9b. INDIVIDUAL'S SURNAME			The Real Property lies, the Parks		\
	Linke					\
	FIRST PERSONAL NAME					1
ļ	Daniel			-		1
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
			THE ABOVE	SPACE	IS FOR FILING OFF	CE USE ONLY
	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m		line 1b or 2b of the F	nancing S	Statement (Form UCC1)	(use exact, full nam
	10a. ORGANIZATION'S NAME		1			
R	10b. INDIVIDUAL'S SURNAME			 		
	INDIVIDUAL'S FIRST PERSONAL NAME		//		<u> </u>	
ŀ	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		×		 -	SUFFIX
)c.	MAILING ADDRESS	CITY	\leftarrow	STATE	POSTAL CODE	COUNTRY
_			/ /		<u> </u>	
1.		OR SECURED PARTY	'S NAME: Provide o	nly <u>one</u> na	ame (11a or 11b)	
	11a. ORGANIZATION'S NAME		1	1		
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S) SUFFIX
ic.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2.7	ADDITIONAL SPACE FOR ITEM 4 (Collateral):				<u> </u>	
p de la constitución de la const						
1		//				
/						
3.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE			 	
5. N	lame and address of a RECORD OWNER of real estate described in item 16	covers timber to be 16. Description of real estate		extracted	collateral X is filed	as a fixture filing
,	if Debtor does not have a record interest): niel Linke and Valerie Linke	County of: DOU	JGLAS			
١,		Address of Real Estate: 13561	Northampton Cir, C	ardnervi	ille, NV, 89410	
		APN: 1220	004210019			
		St			/TWP:TOWN OF G SEC/TWN/RNG/M	
7 1	MISCELLANEOUS:					
. •	.,,					