APN:17727110076		DOUGLAS COUNTY, NV Rec:\$60.00 Total:\$60.00	2023-99987 08/25/2023 08:58 AN
		GOODLEAP	Pgs=
UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	ENT	001719832023099987200	20025
A. NAME & PHONE OF CONTACT AT FILER (optional)		SHAWNYNE GARREN, RE	CORDER
B. E-MAIL CONTACT AT FILER (optional)		\ \ \	
filings@goodleapsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		\	\
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		\	\
GoodLeap LLC	\neg	_	\
PO Box # 981440			\
El Paso, TX 79998- 1440			\
<u> </u>	THE A	ABOVE SPACE IS FOR FILING OFF	FICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. X This FINANC	CING STATEMENT AMENDMENT IS to	
11/28/2022 2022-991907 DOUGLAS, NV	Filer: attach A	mendment Addendum (Form UCC3Ad) and p	
 TERMINATION: Effectiveness of the Financing Statement identified statement 	above is terminated with respect to the so	ecurity interest(s) of Secured Party auth	orizing this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a	or 7b, and address of Assignee in item 7	c <u>and</u> name of Assignor in item 9	
For partial assignment, complete items 7 and 9 and also indicate affect			
 CONTINUATION: Effectiveness of the Financing Statement Identifie continued for the additional period provided by applicable law 	d above with respect to the security inter	rest(s) of Secured Party authorizing this	Continuation Statement is
5. PARTY INFORMATION CHANGE:		/ / /	
	k <u>one</u> of these three boxes to: HANGE name and/or address: Complete	ADD name: Complete itemDEL	ETE name: Give record name
This Change affects Debtor or Secured Party of record its 6. CURRENT RECORD INFORMATION: Complete for Party Information C	HANGE name and/or address: Complete em 6a or 6b; and item 7a or 7b and item 7c	7a or 7b, and item 7c to be	deleted in item 6a or 6b
6a. ORGANIZATION'S NAME	mange provide only one name (or ob)		
OR 6b. INDIVIDUAL'S SURNAME			
Salmon	FIRST PERSONAL NAME Susan	ADDITIONAL NAME(S)/IN	ITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Info	prmation Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbrev	ate any part of the Debtor's name)
7a. ORGANIZATION'S NAME	/ /	~	
OR 7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
			001117
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral DELETE collatera	RESTATE covered collateral	ASSIGN collateral
indicate collateral:			
\ \			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT: Provide only one name	(9a or 9b) (name of Assignor, if this is an	Assignment)
If this is an Amendment authorized by a DEBTOR, check here and provice 9a. ORGANIZATION'S NAME	de name of authorizing Debtor		
GoodLeap LLC			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INI	TIAL(S) SUFFIX

APN:17727110076

10. OPTIONAL FILER REFERENCE DATA:

TERM

2202107165

Debtors: Susan Salmon

UCC FINANCING STATEMENT AMENDMENT ADDENDU FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form			(\	
	1/28/2022 2022-991907 DOUGLAS, NV		\ \	
12.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as it	tem 9 on Amendment form	\ \	
	12a. ORGANIZATION'S NAME		\ \	
	GoodLeap LLC		\ \	
			\ \	
			~	
OR	12b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
				·
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		N
-	., .,		THE AROVE OR LOS TO SOR THINKS OF THE	
12	Name of DERTOR or related 6		THE ABOVE SPACE IS FOR FILING OFFICE U	
13.	Name of DEBTOR on related financing statement (Name of a currer one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, o	nt Debtor of record required for indexing abbreviate any part of the Debtor's p	ng purposes only in some filing offices - see Instruction item 1	13): Provide onl
1	13a. ORGANIZATION'S NAME	additional any part of the Deotor's It	name), see instructions it name does not lit	
	13a. ONGANIZATION 3 NAINE		\ \	
OR	70			- V
l	13b. INDIVIDUAL'S SURNAME Salmon	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
_	Samon	Susan	/ /	1
/				
15. TI	nis FINANCING STATEMENT AMENDMENT:	17. Description	of real estate:	
T	covers timber to be cut covers as-extracted collateral X is fi	'	sholm Trail, Gardnerville, NV, 89460	
	ame and address of a RECORD OWNER of real estate described in item 13		SHOILL Frait, Galdherville, NV, 09400	
	Debtor does not have a record interest):			
Sus	an Salmon			
i.	\ / /		DOLIOLAG	
N.		County	DOUGLAS	
7				
		APN	17727110076	
		1 11 12 12 12 12	TON LINUT A DI AT DOGICA DA DE CONTRA	
			GTON-UNIT 1 PLAT BOOK 82 PAGE 23 L	OT 216
		BLOCK 2		