Record at the request of and when recorded return to: GoodLasp, LLC COC FINANCING STATEMENT SHAWNYNE GARREN, RECORDER THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING	APN: 142007616042				Rec:\$60.00 Total:\$60.00		06/2024 11:42 AN
when recorded return to: GoodLeap, LLC DOTT/14/37/20/410045/980/20/20/1 SHAWNYNE GARREN, RECORDER THE ABOVE SPACE IS FOR FILMS OFFICE IMPEON. THE ABOVE SPACE IS FO					GOODLEAP	, LLC	Pgs=
SHAMIN'NE GARREN, RECORDER A NAME & PHONE OF CONTACT AT FILER (optional) fillingsr@goodleapsupport.com SEND ACRICONEDOMENT TO. (Name and Address) E. REMAL CONTACT AT FILER (optional) fillingsr@goodleapsupport.com SEND ACRICONEDOMENT TO. (Name and Address) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY T		when recorded retu					
B. E. MAIL CONTACT AT FILER (optional) fillingsgegoodcleapsupport.com SED ACKNOWLOGGEMENT TO: (Name and Address) Goodleap, LLC PO Box # 981440 IP Pais, TX 79998-1440 IP Pais, TX 7998-1440 IP Pais, TX 79	UCC FINANCING STATEMENT				001774372	024100451900200)21
B. EMAIL CONTACT AT FILER (optional) fillings@poold.epsupport.com	FOLLOW INSTRUCTIONS				SHAWNYNE	GARREN, RECO	ORDER
S. SEND ACKNOWLEDGMENT TO: (Name and Address) Coold cap, LLC	A. NAME & PHONE OF CONTACT AT FILER (opti	ional)				\ \	
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To, INDIVIDUAL'S SURNAME Carlson Cardina Card						 	
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Summing address Summar S	3a. ORGANIZATION'S NAME		/	\	-		
Country STATE POSTAL CODE COUNTRY USA	GoodLeap, LLC		TEIDET DEDEONAL	NAME	Appitio	NAL NAME(S)/INITIAL	SUFFIX
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		essee/Lessor	Consignee/Consigno	Selle	r/Buyer E	lailee/Ballor	Licensee/Licensor
Acct # 2308168699							

DOUGLAS COUNTY, NV

2024-1004519

JCC FINANCING STATEMENT ADDENDUM OLLOW INSTRUCTIONS		1		
. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name dld not fit, check here	if line 1b was left blank	ł	\ \	
9a. ORGANIZATION'S NAME			\ \	
		_	\ \	
9b. INDIVIDUAL'S SURNAME				
Carlson				\
FIRST PERSONAL NAME				V.
Richard ADDITIONAL NAME(SYINITIAL(S)	SUFFIX			
ADDITIONAL INAME(S)MITTAL(S)		THE ABOVE SPA	CE IS FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		line 1b or 2b of the Finan	cing Statement (Form UCC1) (u	se exact, full name
10a. ORGANIZATION'S NAME		/ /		
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		\checkmark		SUFFIX
. MAILING ADDRESS	CITY	ST	ATE POSTAL CODE	COUNTRY
El Applot	IOD OF OLIDED BARTY	IO MANTE D. M. I.		
. ADDITIONAL SECURED PARTY'S NAME or ASSIGN ASSIGN ASSIGN	NOR SECURED PARTY	3 NAME: Provide only	one name (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS	CITY	ST	ATE POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	·			
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. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber to be	cut covers as-extra	acted collateral X is filed a	s a fixture filing
Name and address of a RECORD OWNER of real estate described in Item 15 (if Debtor does not have a record interest):	16. Description of real estat County of: Dou			
ichard Carlson				
	Address of Real Estate: 961 C	palite Dr, Carson City,	NV, 89705	
	APN: 142	007616042		
		OT:92 BLK:B SUBD:I EC 07 TWN 14N RNG	HIGHLAND EST #2 SEC/ 20E	rwn/Rng/ME
. MISCELLANEOUS:		-		