wher	ord at the request of and or recorded return to: dLeap, LLC	DOUGLAS COUI Rec:\$60.00 Total:\$60.00 GOODLEAP LLC	202	4-1008914 024 11:05 AN Pgs=2
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)		***************************************	0089140020021	
filings@goodleapsupport.com		SHAWNYNE GAI	RREN, RECORDER	
C. SEND ACKNOWLEDGMENT TO: (Name and Address	s)		\ \	
	71	_	\ \	
GoodLeap, LLC PO Box # 981440	'		\	\
El Paso, TX 79998- 1440				\
El Paso, 1 & 79998- 1440	, I			
SEE BELOW FOR SECURED PARTY CONTACT IN	FORMATION	THE ABOVE SPACE IS	OR FILING OFFICE	USE ONLY
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (1a or 11 name will not fit in line 1b, leave all of item 1 blank, check here</li> </ol>	b) (use exact, full name; do not omit, modify and provide the Individual Debtor infon	, or abbreviate any part of the Deb	tor's name); if any part of	the Individual Debtor
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II. ONOMIZATIONS NAME		N. 1		7%
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DR  1b. INDIVIDUAL'S SURNAME  Anderson  1c. MAILING ADDRESS  1473 Edlesborough Cir  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here	Kay CITY Gardnerville  o) (use exact, full name; do not omit, modify,	STATE NV or abbreviate any part of the Deb	POSTAL CODE 89410	COUNTRY USA
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BB. INDIVIDUAL'S SURNAME Anderson FIRST PERSONAL NAME Kay ADDITIONAL NAME(S)/INITIAL(S) 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 exeat, full in do not omit, modify, or abbreviote any part of the Debtor's name) and enter the mailing address in tine 10c  Tos. ORGANIZATION'S NAME  Tob. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS  CITY STATE POSTAL CODE COUNTR  Tols. ORGANIZATION'S NAME  FIRST PERSONAL NAME  Provide only one name (11a or 11b)  Tols. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME  ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme cause Individual Debtor name did not fit, check here	ent; If line 1b was	left blank	1		\ \	
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