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Record at the request of and when recorded return to: GoodLeap, LLC

DOUGLAS COUNTY, NV Rec:\$60.00 Total:\$60.00 GOODLEAP

2024-1010596

07/31/2024 12:17 PM

Pgs=2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

0019/A19202A10105960020029	

SHAWNYNE GARREN, RECORDER

SEE BELOW FOR SECURED PARTY CONTACT INFORM/	ATION THE ABO	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here a	e exact, full name; do not omit, modify, or abbreviate a nd provide the Individual Debtor information in item 1				
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
Foreman	William	\			
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
1489 Hanslope Way	Gardnerville	NV 89410	USA		
2a. ORGANIZATION'S NAME	nd provide the Individual Debtor information in item 1	of the Financing Statement Addendum (Form U	CC1Ad)		
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
2c. MAILING ADDRESS	СІТУ	STATE POSTAL CODE	COUNTRY		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	NOR SECURED PARTY): Provide only one Secured	Party name (3a or 3b)			
3a. ORGANIZATION'S NAME GoodLeap, LLC	\ \	~			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY		
8781 Sierra College Boulevard	Roseville	CA 95661	USA		
4. COLLATERAL: This financing statement covers the following collate	ral:				
All of the Debtor's right title and interest in and to	Cood and should be a second as	of the least by Coursed Doutes to Do	ha.		

All of the Debtor's right, title and interest in and to Goods purchased with the proceeds of the loan by Secured Party to Debtor pursuant to the Home Improvement Agreement described in the Loan Agreement between Secured Party and Debtor(s), including (a) HVAC (b) all accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to such goods; (c) all proceeds from warranty claims related to such goods; (d) such Home Improvement Agreement or any operations and maintenance agreement; (e) all agreements and other documentation relating to such goods, such Home Improvement Agreement or any operations and maintenance agreement; (f) all consideration received from the collection, sale or other disposition of such goods, including any payment received from any insurer arising from any loss, damage or destruction of such goods and any other payment received as a result of possessing any such goods, or any other proceeds of such goods

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
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2416203456	

UCC FINANCING STATEMENT ADDENDUM

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
FIRST PERSONAL NAME William ADDITIONAL NAME(SYNNITIAL(S) 10. DEBTOR'S NAME: Provide (10e or 10b) only gog additional Debtor name of Debtor name that did not it in line 1s or 2b of the Pinanong Statement (Form UCC1) (was exact, fet no on not ont, modely, or abovishes any part of the Debtor's name) and entire the mailing 3056rifs in line 10s 10a. RIGALIZATIONS NAME NOLVIDUAL'S SURVAME NOLVIDUAL'S ADDITIONAL NAME(SYNNITIAL(S) 11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only dise name (11a or 11b) 11a. GRANULATION'S NAME NOLVIDUAL'S ADDITIONAL NAME(SYNNITIAL(S) 11b. NOLVIDUAL'S SURVAME NOLVIDUAL'S ANDITIONAL NAME(SYNNITIAL(S) 11c. MAILING ADDRESS 11c. MAILING ADDRESS 11d. NOLVIDUAL'S SURVAME POSTAL CODE COUNTR 11a. ORGANIZATION'S NAME POSTAL CODE COUNTR 11b. NOLVIDUAL'S SURVAME PROVIDED ONly dise name (11a or 11b) 11c. RORANIZATION'S NAME POSTAL CODE COUNTR 11c. NOLVIDUAL'S SURVAME POSTAL CODE COUNTR 11c. NOLVIDU	9a. ORGANIZATION'S NAME				\ \	
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INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) SUFFIX	10b. INDIVIDUAL'S SURNAME)			
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Covers timber to be cut	12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
Covers timber to be cut						
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LOT:7 BLK:A CITY/MUNI/TWP:TOWN OF GARDNERVILLE SUBD:CHICHESTER EST PH 1 SEC/TWN/RNG/MER:SEC 33 TWN 13N RNG 20E	William Foreman	Address: 1489 Hanslope Way, Gardnerville, NV, 89410				
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