

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

UCC FINANCING STATEMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)	<del></del>			
B. E-MAIL CONTACT AT FILER (optional)	4000004			
filings@goodleapsupport.com	13989014 B: 11358	P: 5161	. Total Pages	: 2
C. SEND ACKNOWLEDGMENT TO. (Name and Address)	07/22/2022 10:18 AM R Rashelle Hobbs Recorde Return To. GOODLEAP, LLC PO BOX 981440EL PASO , TX	er, Salt	Lake County, Ut	ah
C. SEND ACKNOWLEDGINENT TO: (Name and Address)	Return To. GOODLEAP, LLC PO BOX 981440EL PASO , TX	79998	• • • • • • • • • • • • • • • • • • • •	
GoodLeap, LLC				<b>Λά. Β</b> ΙΙΙΙ
PO Box # 981440				
El Paso, TX 79998- 1440	1			
<u> </u>	THE ABOVE S	PACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide		rt of the Debtor	's name); if any part of the in	dividual Debtor's
18. ORGANIZATION'S NAME			(	
OR 1b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Arellano	Patrica		•	
1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1007 N 1400 W	SALT LAKE CITY	UT	84116-3603	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of Item 2 blank, check here and provide)	name; do not omit, modify, or abbreviate any par the Individual Debtor Information in item 10 of th			
28 ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	IRED PARTY): Provide only one Secured Party	name (3a or 3b	)	
3a. ORGANIZATION'S NAME				
GoodLeap, LLC		1		1
ЗЬ. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	CITY	STATE	POSTAL CODE	COUNTRY
3c. MAILING ADDRESS	Roseville	CA	95746	USA
8781 Sierra College Boulevard 4. COLLATERAL: This financing statement covers the following collateral:	Roseville	CA	93740	
All of the debtors right, title and interest in the Photov Equipment (If any), including but not limited to rooft stand alone batteries, inverters, cables and wires, supprelated equipment, and additions or replacements of the issued with respect to the referenced collateral	op solar panels, solar roofing r oort brackets, roof mounted or	naterials, ground m	wall mounted bat nounted racking sy	teries, ⁄stems,
5 Cheek cally if applicable and cheek cally are have Callebraid in	(see HCC14d Ham 17 and Instructions)	naino administra	red by a Decedon's Decedor	al Representativo
Check only if applicable and check only one box: Collateral is held in a Trust     Ga. Check only if applicable and check only one box:			red by a Decedent's Persona if applicable and check only o	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility		tural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (If applicable): Lessee/Lessor	Consignee/Consignor Seller/Buyer	Ва	llee/Bailor Licen	see/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2215093008				

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1s or 1b on Financing Statement, if because individual Debtor name did not fit, check here	line 1b was left blank					
9a ORGANIZATION'S NAME						
OR ON HIDRUDUALS CHENAMS						
9B. INDIVIDUAL S SORNAME						
Arellano						
FIRST PERSONAL NAME Patrica						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
ADDITIONAL NAME (Opinion Name (o)		THE ABOVE	CDACE	IS FOR FILING OFFICE	IISE ONI V	
10. DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name or	Debtor name that did not fit in			<del>`</del>		
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	alling address in line 10c	mie ib di 25 di tie	manong c	Materialit (1 cm) ccc // (ccc	oxadi, idii ilailio,	
10a. ORGANIZATION'S NAME		<del> </del>		<del></del>		
OR 10b. INDIVIDUAL'S SURNAME						
			_			
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX	
	1	<del></del>	STATE	TROOTAL CODE	COUNTRY	
10c. MAILING ADDRESS	CITY		SIAIE	POSTAL CODE	COUNTRY	
ASSIGNA	DE SECUEED BARTY	S NAME: Decide				
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNO	OR SECURED PARTY	S NAME: Provide	only <u>one</u> n	sme (11a or 11b)		
THE ORGANIZATIONS NAME						
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<del></del>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<del></del>				-	
	1					
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE	_		<del></del>	e . ev	
15. Name and address of a RECORD OWNER of real estate described in Item 16	covers timber to be a 16. Description of real estate		-extracted	collateral X is filed as a	fixture filing	
(if Debtor does not have a record interest)	,					
Patrica Arellano	County of: SAL	T LAKE				
	A 11					
	Address of Real Estate: 1007 N 1400 W, SALT LAKE CITY, UT, 84116-3603					
	Real Estate.	,		,, .		
	A DN: 0827	280020000	n			
	APN: 08272800200000					
LOT 4, AMENDMENT TO BLOCK 3, AMOS ADDITTION 7110-407 71 8661-8193,8213 8800-8811 9179-6855 9226-6492 9307-8180 10520-4703						
	1					
17. MISCELLANEOUS:	· · · · · · · · · · · · · · · · · · ·				<del></del>	

UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)