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

## E# 3297564 PG 1 OF 2

LEANN H KILTS, WEBER CTY. RECORDER 11-SEP-23 1052 AM FEE \$40.00 DC **REC FOR: GOODLEAP** 

## **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

\*W3297564\*

THE ABOVE SPACE IS	FOR FILING OFFI	CE USE ONLY

<del></del>			TILING OFFICE OUL	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (uname will not fit in line 1b, leave all of item 1 blank, check here	se exact, full name; do not omit, modify, or abbreviate a and provide the Individual Debtor information in item 1	any part of the Debtor's 0 of the Financing Sta	s name); if any part of the In tement Addendum (Form U(	dividual Debtor CC1Ad)
1a. ORGANIZATION'S NAME				
R 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
Tuinei	Brendalee			
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1900 N 750 W	OGDEN	UT	84404-6110	USA
R 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Waibel	Mercedes			
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1900 N 750 W	OGDEN	UT	84404-6110	USA
	SIGNOR SECURED PARTY): Provide only one Secured	d Party name (3a or 3t	o)	
SECURED PARTY S NAME (of NAME of ASSIGNED OF ACC				
3a. ORGANIZATION'S NAME				
		1.5	NAME (OVIDITIAL (C)	SI IEEIX
38. ORGANIZATION'S NAME GoodLeap, LLC	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME GOOdLeap, LLC		ADDITIO	POSTAL CODE	SUFFIX COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

All of the debtors right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral

held in a To	ust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
5. Check only it applicable and discontinuous		6b. Check only if applicable and check only one box:
6a. Check only if applicable and check only one box:	A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
Public-Finance Transaction Manufactured-Home Transaction		Licenses/Licenses
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor Seller/	Suyer Bailee/Bailoi Surana
8. OPTIONAL FILER REFERENCE DATA:		
Acct # 2115076267		

## UCC FINANCING STATEMENT ADDENDUM

9b. INDIVIDUAL'S SURNAME					
Tuinei FIRST PERSONAL NAME					
Brendalee					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPAC	E IS FOR FILING O	FFICE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional	Debtor name or Debtor n	ame that did not fit in line			
do not omit, modify, or abbreviate any part of the Debtor's name)	and enter the mailing add	dress in line 10c			
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME	***	<u>,</u>			- · · · · ·
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
. MAILING ADDRESS	CITY	, , , , , , , , , , , , , , , , , , ,	STAT	POSTAL CODE	COUNTR
	ASSIGNOR SE	CURED PARTY'S N	AME: Provide only one	name (11a or 11b)	
T OF OUR DED DADTY'S MAME			MINIE. FIGURE ONLY WITE	mama ( ma or mo)	
ADDITIONAL SECURED PARTY'S NAME OF	Accionance				
ADDITIONAL SECURED PARTY'S NAME of 11a. ORGANIZATION'S NAME	Accionation				
		PERSONAL NAME	ADDI	FIONAL NAME(S)/INIT	AL(S) SUFFIX
11a. ORGANIZATION'S NAME			ADDI		AL(S) SUFFIX
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11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST I	PERSONAL NAME	STAT	E POSTAL CODE	COUNTR
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe	FIRST I	PERSONAL NAME	STAT	E POSTAL CODE	
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or recall extractions).	recorded) in the 14. Thi	PERSONAL NAME  S FINANCING STATEMEN  covers timber to be cut	STAT  NT:    covers as-extract	E POSTAL CODE	COUNTR
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filled [for record] (or a REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):	recorded) in the 14. Thi	s FINANCING STATEMEN  covers timber to be cut scription of real estate:	STAT  NT:  Covers as-extract	E POSTAL CODE	COUNTR
11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  . MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filled [for record] (or a REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate describe (if Debtor does not have a record interest):	recorded) in the 14. Thi	s FINANCING STATEMEN  covers timber to be cut scription of real estate:  bunty of: WEBE  ddress of al Estate: 1900 N 7:	STAT  NT:  Covers as-extract  CR  50 W, OGDEN, UT,	ed collateral X is	COUNTR