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## ER

A. N B. E	C FINANCING STATEMENT OW INSTRUCTIONS  AME & PHONE OF CONTACT AT FILER (op- MAIL CONTACT AT FILER (optional) lings@goodleapsupport.com	tional)			ENT 59177:2022 PG 1 of 2			
A. N B. E	AME & PHONE OF CONTACT AT FILER (op	tional)		IITAI	REA ALLEN 1 COUNTY			
B. E	-MAIL CONTACT AT FILER (optional)	,		2022 Ma	13 1:11 pm FEE			
fi				RECORDE	D FOR GOODLEAP			
	lings@goodleansupport.com							
C. S	ings@goodicapsupport.com							
	END ACKNOWLEDGMENT TO: (Name and	Address)						
Г	<del>-</del>		$\neg$					
i	GoodLeap, LLC		1					
	PO Box # 981440							
	El Paso, TX 79998- 1440							
					R FILING OFFICE USE			
	EBTOR'S NAME: Provide only one Debtor name		I name; do not omit, modify, or abbreviat the Individual Debtor information in item					
	me will not fit in line 1b, leave all of item 1 blank, ch	eck nere and provide	e the individual Deptor information in item		Atement Addender (Form O			
	a. ORGANIZATION'S NAME							
OR.	b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX		
						Journa		
	Harrie		∃ David			1		
	Harris		David	STATE	POSTAL CODE	COUNTRY		
65 2. D	Harris  MAILING ADDRESS  6 E 200 N  EBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, ch		PAYSON	UT	84651-1906 's name); if any part of the li	USA		
1c. M 65 2. D	falling address $6 \ E \ 200 \ N$ EBTOR'S NAME: Provide only one Debtor name		PAYSON  I name; do not omit, modify, or abbreviat	e any part of the Debtor n 10 of the Financing Sta	84651-1906 's name); if any part of the li	USA		
65 2. D	MAILING ADDRESS $6 E 200 N$ EBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, cheave all of the 2 blank, cheave one of the 3 blank, chea		CITY PAYSON  I name; do not omit, modify, or abbreviate the Individual Debtor information in item	e any part of the Debtor n 10 of the Financing Sta	84651-1906 's name); if any part of the listement Addendum (Form U	USA ndividual Debtor's (CC1Ad)		
1c. M 65 2. D	MAILING ADDRESS $6 E 200 N$ EBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, cheave all of the 2 blank, cheave one of the 3 blank, chea		CITY PAYSON  I name; do not omit, modify, or abbreviate the Individual Debtor information in item	e any part of the Debtor n 10 of the Financing Sta	84651-1906 's name); if any part of the listement Addendum (Form U	USA ndividual Debtor's (CC1Ad)		
1c. M 65 2. D na	ANILING ADDRESS 6 E 200 N  EBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	eck here and provide	CITY PAYSON  I name; do not omit, modify, or abbreviate the Individual Debtor information in item  FIRST PERSONAL NAME  CITY	e any part of the Debtor n 10 of the Financing Sta ADDITIO	84651-1906 s name); if any part of the listement Addendum (Form UNAL NAME(S)/INITIAL(S)	USA  ndividual Debtor's (CC1Ad)  SUFFIX		
65 2. D na 2. D na 22c. M	ANILING ADDRESS 6 E 200 N  EBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ECURED PARTY'S NAME (or NAME of ASSI 3a. ORGANIZATION'S NAME	eck here and provide	CITY PAYSON  I name; do not omit, modify, or abbreviate the Individual Debtor information in item  FIRST PERSONAL NAME  CITY	e any part of the Debtor n 10 of the Financing Sta ADDITIO	84651-1906 s name); if any part of the listement Addendum (Form UNAL NAME(S)/INITIAL(S)	USA  ndividual Debtor's (CC1Ad)  SUFFIX		
65 2. D na 22c. M	ANILING ADDRESS 6 E 200 N  EBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, chear of the control of the contro	eck here and provide	CITY PAYSON  I name; do not omit, modify, or abbreviate the Individual Debtor information in item  FIRST PERSONAL NAME  CITY  CITY  URED PARTY): Provide only one Securi	e any part of the Debtor n 10 of the Financing Sta  ADDITIO  STATE  ed Party name (3a or 3b	84651-1906 s name); if any part of the listement Addendum (Form UNAL NAME(S)/INITIAL(S)	USA Individual Debtor's CC1Ad)  SUFFIX  COUNTRY USA		
65 65 2. D na 22c. M	ANILING ADDRESS 6 E 200 N  EBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ECURED PARTY'S NAME (or NAME of ASSI 3a. ORGANIZATION'S NAME	eck here and provide	CITY PAYSON  I name; do not omit, modify, or abbreviate the Individual Debtor information in item  FIRST PERSONAL NAME  CITY	e any part of the Debtor n 10 of the Financing Sta  ADDITIO  STATE  ed Party name (3a or 3b	84651-1906 s name); if any part of the listement Addendum (Form UNAL NAME(S)/INITIAL(S)	USA  ndividual Debtor's (CC1Ad)  SUFFIX		
05 00 00 00 00 00 00 00 00 00 00 00 00 0	ANILING ADDRESS 6 E 200 N  EBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, chear of the control of the contro	eck here and provide	CITY PAYSON  I name; do not omit, modify, or abbreviate the Individual Debtor information in item  FIRST PERSONAL NAME  CITY  CITY  URED PARTY): Provide only one Securi	e any part of the Debtor n 10 of the Financing Sta  ADDITIO  STATE  ed Party name (3a or 3b	84651-1906 s name); if any part of the listement Addendum (Form UNAL NAME(S)/INITIAL(S)	USA Individual Debtor's CC1Ad)  SUFFIX  COUNTRY USA		

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 # 2212085401								

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS			•			
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					
9a. ORGANIZATION'S NAME						
OR OL BIODYGUANG SURBANE						
OR 9b. INDIVIDUAL'S SURNAME Harris	1					
FIRST PERSONAL NAME						
David  ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
ADDITIONAL NAME(S)/INTTIAL(S)		THE ABOVE SPACE	IS FOR FILING O	FFICE USE ONLY		
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	Debtor name that did not fit in lin ailing address in line 10c					
10a. ORGANIZATION'S NAME						
OR 10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX		
INDIVIDUAL S ABBITIONAL INVESTOR IN THE LEGY						
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY'S	NAME: Provide only <u>one</u> r	name (11a or 11b)	ļ.,		
11a. ORGANIZATION'S NAME						
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITI	AL(S) SUFFIX		
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):			1			
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEME	ENT:				
15. Name and address of a RECORD OWNER of real estate described in item 16	covers timber to be cut	covers as-extracted	collateral X is f	led as a fixture filing		
(if Debtor does not have a record interest):	County of: UTAH	1				
David Harris	1					
<b>Address of Real Estate:</b> 656 E 200 N, PAYSON, UT, 84651-1906						
	APN: 35389	0005				
	LOT 5, PLAT A, BLUE		REA 0.312 AC			
17. MISCELLANEOUS:				<del> </del>		