APN: 00202730						
	Record at the request of and when recorded return to: GoodLeap, LLC	UC <i>0</i> \$60.	EKA COUNT -UC1 00 1:\$60.00	ΓY, NV	2023 - 08/04/2023	25084 03:17 PI
JCC FINANCING STATEMENT OLLOW INSTRUCTIONS		GOO	DDLEAP, LLC	;	\wedge	J
A. NAME & PHONE OF CONTACT AT FILER (optic	onal)					
B. E-MAIL CONTACT AT FILER (optional)						
filings@goodleapsupport.com			00018745202		160020025 VLING, CLERK RE	CORDER
C. SEND ACKNOWLEDGMENT TO: (Name and A	(ddress)		TO THE INIT	- U. DOI	VENIO, OLLINGIAL	CONDEN
GoodLeap, LLC PO Box # 981440	_	7	/		_ \ \	
El Paso, TX 79998- 1440			Constitution			\
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L	·				R FILING OFFICE US	
DEBTOR'S NAME: Provide only one Debtor name (name will not fit in line 1b, leave all of item 1 blank, check	1a or 1b) (use exact, full name; do not k here and provide the Individual	omit, modify, or abbre Debtor information in	eviate any part of item 10 of the Fir	the Debtor	's name); if any part of the	Individual De
1a. ORGANIZATION'S NAME					, din	- Contract
R 1b. INDIVIDUAL'S SURNAME				1		
Jones	First per Larry	SONAL NAME	1	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS	CITY	\		STATE	POSTAL CODE	COUNT
7061 Cortez Way	Cresce	nt Valley		NV	89821	USA
		N	/ /	h		
. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNT
SECURED PARTY'S NAME (or NAME of ASSIGN	EE of ASSIGNOR SECURED PARTY)	Provide only one Se	cured Party name	(3a or 3h		
3a. ORGANIZATION'S NAME	,	1	7	V		
GoodLeap, LLC 3b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITION	VAL NAME(S)/INITIAL(S)	SUFFIX
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MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTR
3781 Sierra College Boulevard COLLATERAL: This financing statement covers the foll	Rosevill	e /		CA	95746	03/
All of the debtors right, title and inte Equipment (If any), including but no stand alone batteries, inverters, cable related equipment, and additions or	ot limited to rooftop sola es and wires, support bra replacements of the sam	r panels, sola ckets, roof m	r roofing mounted or a	aterial ground	s, wall mounted mounted rackin	batteries g system
issued with respect to the referenced	collateral			,		, all all th
issued with respect to the referenced	icollateral					varrame
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issued with respect to the referenced			ns)being .	administere	ed by a Decedent's Person	nal Representa
Check only if applicable and check only one box: Collateral	l is held in a Trust (see UCC1Ad,		ns) being (administere	ed by a Decedent's Persor applicable and check <u>only</u>	nal Represent one box:

	LOW INSTRUCTIONS					\ \	1	
9. 1	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme	ent; if line 1b was left blank				\	\	
	pecause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME					\	\	
	98. ORGANIZATION'S NAME					\	\	
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DR	9b. INDIVIDUAL'S SURNAME			/			1 1	
	Jones		1			No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Original Property and Street, Original Proper	1 1	
	FIRST PERSONAL NAME			The state of the s		-	-	\
	Larry				The state of the s	-		N.
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic			Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i	
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0.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nam	ne or Dehtor name that did no	fit in line 1	THE ABOVE	SPACE	IS FOR FIL	ING OFFICE	USE ONLY
	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	ne mailing address in line 10c	CILIN IIII	D OF ZD OF the F	inancing	Statement (Fo	rm UCC1) (us	e exact, full nar
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	INDIVIDUAL'S FIRST PERSONAL NAME		l.			· ·		
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C.	MAILING ADDRESS	CITY	V.	$\overline{}$	STATE	POSTAL CO	DDE	COUNTRY
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_ ⊨	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNATION SNAME	NOR SECURED PAR	TY'S NA	ME: Provide o	only <u>one</u> na	me (11a or 1	1b)	
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, A	I1a. ORGANIZATION'S NAME I1b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAM	ATEMENT		ADDITIO	NAL NAME(S)/INITIAL(S)	COUNTRY
, A	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) me and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAM CITY 14. This FINANCING ST covers timber to	ATEMENT:	ME: Provide o	ADDITIO	NAL NAME(S)/INITIAL(S)	COUNTRY
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