Record at the request of and when recorded return to Good-kep, LLC UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A.MAE & PRIVAC OF CONTACT AT FILER (optomal) B. E.MAI, CONTACT AT FILER (optomal) G. SEND ACKNOWLEDGMENT TO. (Name and Address) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. 1. DEBTORS HAME B. PROADS and, Org. Debter rame it so to to laws exact, in name as not set, ment, in a absolute an in just of the Debug to remove the fill of the Debter rame it so to to law exact, in name as not set, ment, in a absolute an just of the Debug to remove the fill of the Debter rame is and product the topological development of the other fill of the Court rames is the private Debter rame in a set of the fill of th	APN: 00739630					
A NAME & PHONE OF CONTACT AT FILER (optional) S. EMAL CONTACT AT FILER (optional) fillings@goodleapsupport.com C. SEND ACKNOWLEDGMBYTTO: (Name and Address) Fillings@goodleapsupport.com C. SEND ACKNOWLEDGMBYTTO: (Name and Address) Fillings@goodleapsupport.com C. SEND ACKNOWLEDGMBYTTO: (Name and Address) Fill Palso, TX 79998-1440 El Palso, TX 79998-1440 I. DESTOR'S NAME: Provide only gap Devotr owns (t.p. or blooks sext). All cares do not give, another of the typ, sext and of sext into the typ, sext and typ, sext	when record GoodLeap,	ded return to:	UCC-UC1 Rec:\$60.00	TY, NV		44 PM
B. E-MALL CONTACT AT FILER (optional) G. SEND ACKNOWLEDGMENT TO: (Name and Address) G. SEND ACKNOWLEDGMENT TO: (Name and Address) G. Goodlaap, LLC PO Box # 981440 EI Paro, TX 79998-1440 I. DEBTOR'S NAME: Provide only ago Delitor name (is or 15) (was exact, bit name; do not offer in molity, or abbreviate any year of the Deviced Department of 1015 for line 1s, large aid of sent 15ans, date have into provide the included Department of 1015 for line 1s, large aid of sent 15ans, date have into provide the included Department of 1015 for interest in the 1015 of 500 for sent sent sent sent sent sent sent sent				(DEA)		Pgs=2
B. E-MAIL CONTACT AT FILER (optional) filings/gegodicapsupport.com C. SEND ACKNOWLED/GMENT TO. (Name and Address) Goodlasp. LLC GOOdlasp. LLC FO Box # 981440 El Paso, TX 79998-1440 1. DEBTOR'S NAME: Provide only agg Destor name (1a or 1b) juan exast, \$1 name, so not get, insoft, or abbreviate any part of the Obstor's name) if any part of line (in-vicial Destor name) if any part of line (in-vicial Destor name) in the in-to-companies of the Control of the Financing Statement Address) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. 1. DEBTOR'S NAME: Provide only agg Destor name (1a or 1b) juan exast, \$1 name, so not get, in-octy, or abbreviate any part of the Obstor's name) if any part of line (in-vicial Destor name in the in-to-companies) in the not of the Financing Statement Address). Showloads is Survivale Showless S	A. NAME & PHONE OF CONTACT AT FILER (optional)		ALBER I SNOW	NEN	\ \	
Ellingsdiggoodicapsupport.com C. SEND ACKNOWLEDGMENT TO. (Name and Address) GoodLasp, LLC PO Box # 981440 El Paio, TX 79998-1440 1. DEBTOR'S NAME. Provide only gog Debtor name (1s or 10) (see east). L' traine, day not gent, modify, or debtrories any but or to no foetor's name; if any pair of the notices the floring Debtor name (1s or 10) (see east). L' traine, day not gent, modify, or debtrories may but or to no foetor's name; if any pair of the notices the floring Debtor name (1s or 10) (see east). L' traine, day not gent, modify, or debtrories may but or to no foetor's name; if any pair of the notices the floring Debtor name (1s or 10) (see east). L' traine, day not gent, modify, or debtrories may but or to no foetor's name; if any pair of the notices the floring Debtor name (1s or 10). The floring Debtor name (1s or 10) is not floring to the floring Debtor name (1s or 10). The floring Debtor name (1s or 10) is not floring to the floring Debtor name (1s or 10). The floring Debtor na	,					
GoodLeap, LLC PO Box 9 81440 Paso, TX 79998-1440 Paso, TX 79988-1440 Paso, TX 799					16 244 146 1	
GoodLeap, LIC PO Box # 981440 1. DESTOR'S NAME: Provide only gag Debtor name if as of 1b) Live exact, bit name, do not goil, modify, or abbreviable any part of the Debtor's name of any can of the Provide only gag Debtor name if as of 1b) Live exact, bit name, do not goil, modify, or abbreviable any part of the Debtor's name of any can of the Provide only gag Debtor name (2s or 2b) Live exact, bit name, do not goil, modify, or abbreviable any part of the Debtor's name of any can of the Provide of the Individual Debtor name with not find line 1b, laws all of sam 1 blink, check here and provide the Individual Debtor information in them 10 of the Provide Statement Addentium (Port NOCIAd). To GRANIZATION'S NAME STATE POSTAL CODE STATE POSTAL CODE STATE POSTAL CODE COUNTRY 2. DESTOR'S NAME Provide only gag Debtor name (2s or 2b) Live exact, bit name, do not goil, modify, do abbreviable any part of the Debtor's name, if any part of the Individual Debtor information in them 10 of the Provide NoCIAD CODE Nove and the color in the 2s one and of the 2 blank, check here and strong the Individual Debtor information any part of the Debtor's name, if any part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor information and part of the Individual Debtor information and part of the Debtor's name, if any part of the Individual Debtor informati						
Conclusion Con	C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
1. DEBTOR'S NAME: Provide only gag Debtor raine if to '1b) (use seat, full name, do not griff, mothy, or abhorivitie any part of the Debtor's name); damy part of the Indocusty Debtor name will not fin line 1b, lawe all of item 1 Stank, chack have and provide the Individual Debtor information in filem 10 of the Financing Statement Addundum Form NCC/Ax) Ta. ORGONEZATION'S NAME Financing Statement Addundum Form NCC/Ax) Ta. ORGONEZATION'S NAME Financing Statement Addundum Form NCC/Ax) Ta. ORGONEZATION'S NAME Financing Statement Addundum Form NCC/Ax) Ta. NAILING ADDRESS CIV STATE POSTAL CODE COUNTRY Ta. ORGONEZATION'S NAME Provide only gag Debtor name (2s or 2b) (use exact, full name; do not implicate information; in dem 10 of the Financing Statement Addundum (Form NCC/Ax) Ta. ORGONEZATION'S NAME Provide only gag Debtor name (2s or 2b) (use exact, full name; do not implicate information; in dem 10 of the Financing Statement Addendum (Form NCC/Ax) Ta. ORGONEZATION'S NAME Statement Addendum (Form NCC/Ax) Ta. ORGONEZATION'S NAME Financing Statement Addendum (Form NCC/Ax) Ta. ORGONEZATION'S NAME Fi			KATHERI	NE J. BOW	LING, CLERK RECO	RDER
1. DEBTOR'S NAME: Provide only ago Debtor name (1 or 1b) use exact, full name; do not gold, nooting, or abbreviate any put of the Debtor's name; if any part of the Intended Debtor name with not fill him to 1b, have all of item 1 Mank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form IDCTAr) Ta. ORGONIZATION'S NAME PROSTAL CODE ADDITIONAL NAME PROSTAL CODE PROVIDE OF TAX	El Paso, TX 79998- 1440		-	Na.		
1. DEBTOR'S NAME: Provide only ago Debtor name (1 or 1b) use exact, full name; do not gold, nooting, or abbreviate any put of the Debtor's name; if any part of the Intended Debtor name with not fill him to 1b, have all of item 1 Mank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form IDCTAr) Ta. ORGONIZATION'S NAME PROSTAL CODE ADDITIONAL NAME PROSTAL CODE PROVIDE OF TAX	1	1		The second name of the second		V
Table No. No. 1 Suprison. Table No. 1 Supris	L		THE ABOVE S	SPACE IS FO	OR FILING OFFICE USE	ONLY
OR 15. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY CONTROL COUNTRY CONTROL COUNTRY COUNTR						
Showload Show den	1a. ORGANIZATION'S NAME			1		
Snowden	OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	TADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
To ALLING ADDRESS CITY			MANUE	ADDITIO	THAL NAME (S) MATTAL(S)	SOFFIX
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not bmit, modify, or abbreysite any part of the Debtor's name); it any part of the Individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information, at item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME POSTAL CODE COUNTRY USA	1c. MAILING ADDRESS	The state of the s		STATE	POSTAL CODE	COUNTRY
22. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY USA 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only gree Secured Party heme (3a or 3b) 3a. ORGANIZATION'S NAME CODE COUNTRY USA 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only gree Secured Party heme (3a or 3b) 3a. DRGANIZATION'S NAME GoodLeap, LLC R 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY USA 3c. MAILING ADDRESS CITY STATE POSTAL CODE 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 roofting 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 5. Check only if applicable and check only one box: Check only if applicable and check only one box: D Public-Finance Transaction Application: Application: Application: Consignes/Consignor Seller/Buyer Bailee/Bailor Lessee/Lessor Consignes/Consignor Seller/Buyer Bailee/Bailor Lessee/Lessor	321 El Paso St	Eureka	\ /	NV	89316	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY). Provide only gne Secured Party name (3s or 3b) 3a. ORGANIZATION'S NAME GoodLeap, LLC 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) SUFFIX 3c. MAILING ADDRESS ROSeville CA 95746 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 5. Check gnly if applicable and check gnly one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Line Non-UCC Filing 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Ballor Licensee/Licensor	OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME GOODLEAP, LLC 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 8781 Sierra College Boulevard 4. COLLATERAL: This financing statement covers the following collateral: All of the debtors right, ittle and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofting 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 5. Check gnly if applicable and check gnly one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Agricultural Lien Non-UCC Filing Agricultural Lien Non-UCC Filing Non-UCC Filing Agricultural Lien Non-UCC Filing Non-UCC Fi	2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	
GoodLeap, LLC 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME CITY STATE POSTAL CODE COUNTRY WAS A STATE ADDITIONAL NAME(SVINITIAL(S) SUFFIX CA 95746 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 5. 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 Sellen/Buyer Bailee/Bailor Licensee/Licensor	3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE	OR SECURED PARTY): Provi	de only <u>one</u> Secured Party	name (3a or 31	o)	
3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME		\	\	100		
3c. MAILING ADDRESS 8781 Sierra College Boulevard 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 5. Check gally if applicable and check gally one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative for Check gally if applicable and check gally one box: 6a. Check gally if applicable and check gally 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/Licensor		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
8781 Sierra College Boulevard 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 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 for Consigned Consigned Consigned Consigned Seller/Buyer Bailee/Bailor Licensee/Licensor	~ \ \					
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 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 for the public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filling 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consigner	3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	
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 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: Public-Finance Transaction	8781 Sierra College Boulevard	Roseville		CA	95746	USA
6a. 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/Buyer Bailee/Bailor Licensee/Licensor	Equipment (If any), including but not limited stand alone batteries, inverters, cables and wir related equipment, and additions or replaceme	to rooftop solar pa res, support bracke ents of the same. In	nels, solar roofingts, roof mounted	g materia or ground	ls, wall mounted to mounted to mounted racking	oatteries, systems,
6a. 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/Buyer Bailee/Bailor Licensee/Licensor						
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/Buyer Bailee/Bailor Licensee/Licensor	the state of the s	a Trust (see UCC1Ad, item 1	7 and Instructions)b	eing administe	red by a Decedent's Persona	al Representative
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor				o. Check only	if applicable and check <u>only</u> o	one box:
						Filing
	7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor 8. OPTIONAL FILER REFERENCE DATA;	Consignee/Consignor	Seller/Buyer	Ва	ilee/Bailor Licen	isee/Licensor

Source Sundance Sunsame Source Sundance Sundanc	 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here 	; if line 1b was left blank
Showden First PERSONAL NAME Albert ADDITIONAL NAME(S)INITIAL(S) 10. DEBTOR'S NAME. Provide it do or 10b) only agg additional Debtor name or Dattor name in that did not fit in the 1b or 2b of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of name		
Showden First PERSONAL NAME Albert ADDITIONAL NAME(S)INITIAL(S) 10. DEBTOR'S NAME. Provide it do or 10b) only agg additional Debtor name or Dattor name in that did not fit in the 1b or 2b of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of name		\ \
Showden First PERSONAL NAME Albert ADDITIONAL NAME(S)INITIAL(S) 10. DEBTOR'S NAME. Provide it do or 10b) only agg additional Debtor name or Dattor name in that did not fit in the 1b or 2b of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of name		
Showden First PERSONAL NAME Albert ADDITIONAL NAME(S)INITIAL(S) 10. DEBTOR'S NAME. Provide it do or 10b) only agg additional Debtor name or Dattor name in that did not fit in the 1b or 2b of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of not not noted, or abherium any part of the Debtor's name) and enter the making address in line if the name of the Financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of noted in the financing Statement (Form UCC1) (use exact. All name of name		~ \ \
FIRST PERSONAL NAME Albert ADDITIONAL NAME(S)INITIAL(S) DEBTOR'S NAME: Provide (10s or 10e) only one additional Debtor name or Debtor name that did not filter line to 25 of the Financing Statement (Form UCC1) (use exact, full name on the not most, or abbreviate any part of the Debtor's name) and enter the mailing address in line (10c 10a ORGANIZATION'S NAME RDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S SURNAME	90. INDIVIDUAL'S SURNAME	
Albert ADDITIONAL NAME(S)INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE		
ADDITIONAL NAME(S)/INVITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. TO a ORGANIZATION'S NAME TO a ORGANIZATION'S NAME TO b INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. STATE POSTAL CODE COUNTRY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. STATE POSTAL CODE COUNTRY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. STATE POSTAL CODE COUNTRY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. STATE POSTAL CODE COUNTRY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. STATE POSTAL CODE COUNTRY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY. T		
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME. Provide (10a or 10b) only gag additional Debtor name or Debtor name that did not, lift into 16 or 26 of the Financing Statement (Form UCC1) (use shact, full name on continued), or abbreviate any part of the Debtor's name) and enter the mailing address in line (10c) 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S SURNAME 11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only gag name (11s or 11b) 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 11c. MAILING ADDRESS OTY STATE POSTAL CODE COUNTRY 3. ADDITIONAL SPACE FOR ITEM'4 (Collateral): 12. ADDITIONAL SPACE FOR ITEM'4 (Collateral): 13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the filed (for record) (or recorded) in the filed (for new collateral): 14. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the filed (for new collateral): 15. Name and address of a RECORD OWNER of real estate described in item 16 (id obtion does not have a record interest) Address of Real Estate; 321 El Paso St, Eurcka, NV, 89316		
10. DEDTOR'S NAME. Provide (1da or 10b) only gag additional Debtor name or Debtor name that did not, life in the 1b or 2b of the Pinancing Statement (Form UCC1) (use exact, full name do not own the origin, or abbreviate any part of the Debtor's name) and enter the mailing address in line (10c. INDIVIDUAL'S SURNAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNA	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
do not omit modify. or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 10c. MAILING ADDRESS 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS 11d. INDIVIDUAL'S SURNAME 11d. ORGANIZATION'S NAME 11d. INDIVIDUAL'S SURNAME 11d. MAILING ADDRESS 11d. MAILING ADDRES	IN DEPTOPIS NAME OF THE STATE O	THE ABOVE SPACE IS FOR FILING OFFICE USE ON
106. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME III. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral). 13. This FINANCING STATEMENT is to be filled (for record (or recorded) in them 16 of Cebtor does not have a record interest). 15. Name and address of a RECORD OWNER or real estate described in item 16 of Cebtor does not have a record interest. County of: EUREKA Address of Real Estate: 321 El Paso St, Eureka, NV, 89316	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r	or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, furnialling address in line 10c
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) SUFFIX		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	OR 10b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11a. ORGANIZATION'S NAME PIRST PERSONAL NAME: Provide only one name (11a or 11b) 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S)) SUFFIX CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: COVERS timeline to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 (If Debtor does not have a record interest): Albert Snowden	INDIVIDUAL'S FIRST PERSONAL NAME	
11. ADDITIONAL SECURED PARTY'S NAME or	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFF
11. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) S. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Albert Snowden 14. This FINANCING STATEMENT: Covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Description of real estate: County of: EUREKA Address of Real Estate: 321 El Paso St., Eureka, NV, 89316	0c. MAILING ADDRESS	CITY STATE POSTAL CODE COUR
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described in item 18 (if Debtor does not have a record interest): Albert Snowden FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 14. This FINANCING STATEMENT: Covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Description of real estate: County of: EUREKA Address of Real Estate: 321 El Paso St, Eureka, NV, 89316		STATE I SOTAL SOSE
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described in item 18 (if Debtor does not have a record interest): Albert Snowden FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 14. This FINANCING STATEMENT: Covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Description of real estate: County of: EUREKA Address of Real Estate: 321 El Paso St, Eureka, NV, 89316	1. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY'S NAME: Provide only one name (11s or 11h)
This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT:		TOTAL OF TAKEN PROVIDE UNITY SITE NAME (THA OF THE)
This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT:		
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13.	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFF
3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	1c. MAILING ADDRESS	CITY STATE POSTAL CODE COUN
REAL ESTATE RECORDS (if applicable)	2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	
REAL ESTATE RECORDS (if applicable)		
REAL ESTATE RECORDS (if applicable)		
REAL ESTATE RECORDS (if applicable)		
REAL ESTATE RECORDS (if applicable)	3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	e 14 This FINANCING STATEMENT
5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): Albert Snowden County of: EUREKA Address of Real Estate: 321 El Paso St, Eureka, NV, 89316	REAL ESTATE RECORDS (if applicable)	
Albert Snowden County of: EUREKA Address of Real Estate: 321 El Paso St, Eureka, NV, 89316		
Real Estate: 321 El Paso St, Eureka, NV, 89316	\	County of: EUREKA
APN: 00739630		
		APN: 00739630