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| | Record at the request of and | 09/11/2023 02·22·20 PM FILED/CE |

when recorded return to:

GoodLeap, LLC

| B. E-MAIL CONTACT AT FILER (optional) fillings@goodleapsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Goodleap, LLC PO Box # 981440 El Paso, TX 79998- 1440 LEPTOR'S NAME: Provide only gng Debtor name (ta or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Debtor's name will not it in line 1b, toavo all of item 1 blank, check here and provide the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC14d) Ta. ORGANIZATION'S NAME The INDIVIDUAL'S SURNAME Walker Sylvia GITY TOOI INDIVIDUAL'S SURNAME: Provide only gng Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC14d) Ta. ORGANIZATION'S NAME PELHAM STATE STATE POSTAL CODE COUNTRY USA 2. DEBTOR'S NAME: Provide only gng Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name will not it in line 2b, leave all of Item 2 blank, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC14d) Ta. ORGANIZATION'S NAME Ta. ORGANIZATION'S NAME Ta. ORGANIZATION'S NAME Ta. ORGANIZATION'S NAME Ta. ORGANIZATION | UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS | | | | |
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| filings@goodleapsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) GoodLeap, LLC PO Box # 981440 El Paso, TX 79998- 1440 LDEBTOR'S NAME: Provide only and Debtor name (fa or 1b) (use exact, full name; do not only, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of liam 1 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME Ta. INDIVIDUAL'S SURNAME Walker Sylvia CITY PELHAM STATE POSTAL CODE COUNTRY PELHAM STATE POSTAL CODE COUNTRY PELHAM STATE POSTAL CODE COUNTRY 22. DEBTOR'S NAME: Provide only and Debtor name (2a or 2b) (use exact, full name; do not only, modify, or abbreviate any part of the Debtor's name); if any part of the Incividual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME TRIST PERSONAL NAME FIRST PERSONAL NAME POSTAL CODE COUNTRY USA 3. SECURED PARTY'S NAME (or NAME or ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (5a or 3b) 3a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SylINITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY USA 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SylINITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY USA 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SylINITIAL(S) SUFFIX SUFFIX STATE POSTAL CODE COUNTRY USA 3c. ECURED PARTY'S NAME (or NAME or ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (5a or 3b) 3c. ORGANIZATION'S NAME FIRST PERSONAL NAM | A. NAME & PHONE OF CONTACT AT FILER (optional) | | | | |
| GoodLeap, I.I.C PO Box # 981440 El Paso, TX 79998- 1440 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only gag Debtor name (1a or 1b) (use exact, full came; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name will not fit in line 1b, leave all of fram 1 Diank, check here and provide the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only gag Debtor name (1a or 1b) (use exact, full came; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) To INDIVIDUAL'S SURNAME Walker Sylvia CITY PELHAM AL 35124 COUNTRY USA 2. DEBTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) Za. ORGANIZATION'S NAME PIRST PERSONAL NAME PIRST PERSONAL NAME ADDITIONAL NAME(SyliNITIAL(S)) SUFFIX A. DESTOR SAME POSTAL CODE COUNTRY USA 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME GOOdLeap, LLC St. INDIVIDUAL'S SURNAME PIRST PERSONAL NAME POSTAL CODE COUNTRY USA 3b. INDIVIDUAL'S SURNAME PIRST PERSONAL NAME POSTAL CODE COUNTRY USA COUNTRY USA COUNTRY USA | B. E-MAIL CONTACT AT FILER (optional) | · · · · · · · · · · · · · · · · · | • | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) GoodLeap, LLC PO Box # 981440 El Paso, TX 79998- 1440 LDEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor's name; | filings@goodleapsupport.com | | | | |
| PO Box # 981440 EI Paso, TX 79998-1440 ITHE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only gag Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Dabtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME TID. INDIVIDUAL'S SURNAME Walker Syl via CITY PELHAM AL 35124 STATE POSTAL CODE COUNTRY USA 2. DEBTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SyINITIAL(S) SUFFIX 3. SECURED PARTY'S NAME (or NAME or ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME GOODLeap, LLC 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX ADDITIONAL NAME(SYINITIAL(S) SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX ADDITIONAL NAME(SYINITIAL(S) SUFFIX SUF | C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
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| X/XI Sierra (Ollege Koillevarg | 8781 Sierra College Boulevard | Roseville | CA | 95746 | USA |

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

All of the Debtor's right, title and interest in and to Goods purchased with the proceeds of the loan by Secured Party to Debtor pursuant to the Home Improvement Agreement described in the Loan Agreement between Secured Party and Debtor(s), including (a) Windows (b) all accessions, attachments, accessories, tools, parts, supplies, replacements of and additions to such goods; (c) all proceeds from warranty claims related to such goods; (d) such Home Improvement Agreement or any operations and maintenance agreement; (e) all agreements and other documentation relating to such goods, such Home Improvement Agreement or any operations and maintenance agreement; (f) all consideration received from the collection, sale or other disposition of such goods, including any payment received from any insurer arising from any loss, damage or destruction of such goods and any other payment received as a result of possessing any such goods, or any other proceeds of such goods

\$ 21,559.00 The Maximum Principal Indebtedness for Recording Tax Purposes is

| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and I | nstructions) | being administered by a Dec | edent's Personal Representative |
|--|----------------|---------------------------------------|---------------------------------|
| 6a. Check only if applicable and check only one box: | | 3b. Check <u>only</u> if applicable a | and check <u>only</u> one box: |
| Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transm | itting Utility | Agricultural Lien | Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor | Seller/Buyer | Bailee/Bailor | Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA: | | | |
| Acct # 2303152743 | | | |



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UCC FINANCING STATEMENT ADDENDUM

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| GANIZATION'S NAME | | | - · · · · · · · · · · · · · · · · | |
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| DIVIDUAL'S FIRST PERSONAL NAME | | <u> </u> | | |
| DIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | SUFFIX |
| | | | | |
| G ADDRESS | CITÝ | STATE | POSTAL CODE | COUNTRY |
| | | | | |
| DITIONAL SECURED PARTY'S NAME or ASSI | IGNOR SECURED PARTY | S NAME: Provide only one | name (11a or 11b) | |
| GANIZATION'S NAME | | | | |
| | | I A DOUT | FIGNIAL NIANTE (C)(INITERI (C) | Tourriv |
| DIVIDUAL'S SURNAME | FIRST PERSONAL NAME | AUDII | FIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | \ OITY | STATE | E POSTAL CODE | COUNTRY |
| G ADDRESS | CITY | | - II OOTAL OODL | |
| | | | | |
| ONAL SPACE FOR ITEM 4 (Collateral): | | | | |
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| | AL A THE FINANCING STATE | MENT. | | _ |
| FINANCING STATEMENT is to be filed [for record] (or recorded) in LESTATE RECORDS (if applicable) | n the 14. This FINANCING STATE | | ed collateral X is filed as a | a fivtura filing |
| d address of a RECORD OWNER of real estate described in item 16 | Covers timber to be | | d collateral Is filed as a | i fixture filing |
| does not have a record interest): | Jo. Description of real estate | • | | |
| alker | County of: SHE | LBY | | |
| | Address of Real Estate: 7001 I | NDIAN RIDGE DR, PEI | LHAM, AL, 35124 | |
| | APN: 1082 | 280002001000 | | |
| | | 28 19S 02W NBRHD: 14 | S CAHARA OAKS/INDIA | N |
| | SEC/TWNSHP/RAN | TO IND OF IL LIMITITE, IN |) CAHADA CARGINDIA | ** * |
| | SEC/TWNSHP/RAN HIGHLANDS R-2 | | CAHADA CARO/INDIA | ~~ ~ |