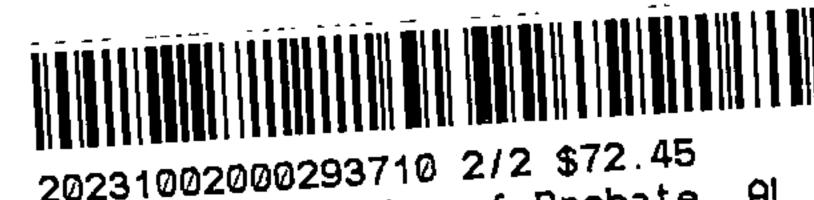
Record at the requirement when recorded regoodLeap, LLC  UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional)  B. E-MAIL CONTACT AT FILER (optional) filings@goodleapsupport.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  GoodLeap, LLC PO Box # 981440 El Paso, TX 79998- 1440	eturn to:	Shelby Cn	00293710 1/2 \$72.4 ty Judge of Probat 3 11:18:24 AM FILE	e, AL			
	THE ABOV	E SPACE IS FO	R FILING OFFICE USE	ONLY			
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, for name will not fit in line 1b, leave all of item 1 blank, check here. —— and provide	الر name; do not omit, modify, or abbreviate any le the Individual Debtor information in item 10 ه						
1a. ORGANIZATION'S NAME	<del></del>	<u> </u>					
OŘ	T	- I A D D I TI O	NAL MARIE (O) (INITIAL (O)	SUFFIX			
16. INDIVIDUAL'S SURNAME Henderson	FIRST PERSONAL NAME Gloria	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)				
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
161 Kentwood Dr	Alabaster	AL	35007	USA			
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	Ill name; do not omit, modify, or abbreviate any le the Individual Debtor information in item 10 of the Individual Debtor info	of the Financing Sta					
Henderson 2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
161 Kentwood Dr	Alabaster	AL	35007	USA			
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC							
3a. ORGANIZATION'S NAME	CONLED PARTITY. I TOVIDE ONLY ONC OCCUPANT	arty Harrie (od or oc					
GoodLeap, LLC							
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)				
	· · · · · · · · · · · · · · · · · · ·			OTATE DOOR OOK			
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
8781 Sierra College Boulevard  4. COLLATERAL: This financing statement covers the following collateral:	Roseville	CA	95746				
All of the Debtor's right, title and interest in and to Gorpursuant to the Home Improvement Agreement describ (a) HVAC (b) all accessions, attachments, accessories, proceeds from warranty claims related to such goods; (agreement; (e) all agreements and other documentation operations and maintenance agreement; (f) all consider including any payment received from any insurer arising payment received as a result of possessing any such go	tools, parts, supplies, replacement d) such Home Improvement Agreelating to such goods, such Home Interesting to such goods, such Home Interesting from any loss, damage or design to the collection of the collec	een Secured and ad neement or ar one Improver on, sale or other contraction of su	Party and Debtor(s), ditions to such good by operations and manent Agreement or a disposition of such the disposition of such	including is; (c) all aintenance any ch goods,			

The Maximum Principal Indebtedness for Recording Tax Purposes is \$22,287.00

5. Check only if applicable and check only one box: Collateral is held in a Trus	st (see UCC1Ad, item 17 and Instructions)	being administered by a Dece	dent's Personal Representative
6a. Check only if applicable and check only one box:		6b. Check only if applicable a	nd check <u>only</u> 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/B	uyer Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2304154758			



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## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS							
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here	nent; if line 1b was	left blank					
9a. ORGANIZATION'S NAME	<u> </u>		•	•			
		•					
	<del>-</del>		•				
OR		·					
9b. INDIVIDUAL'S SURNAME Henderson							
FIRST PERSONAL NAME	<u> </u>						
Gloria	I						<b>~</b>
ADDITIONAL NAME(S)/INITIAL(S)	<u> </u>	SUFFIX			•		•
·.   i·			TUE LEGAL			, • _;	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter	me or Debtor name	e that did not fit in lin	i HE ABOVE	SPACE	IS FOR FI	LING OFFICE	USE ONLY
<del></del>	the mailing addres	s in line 10c	, 20 OI (INS)	-inancing s	Statement (F	orm UCC1) (use	exact, full name
10a. ORGANIZATION'S NAME			<u> </u>	<del>_</del>	<del></del>	<u> </u>	<del></del> ,
OR 10b INDIVIDUALIS CHENTALIS							
10b. INDIVIDUAL'S SURNAME			<del>-</del>				· <u>·</u>
INDIVIDUAL'S FIRST PERSONAL NAME			·-··	<u> </u>			
THE STATE OF MOST PERCONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			<u> </u>		·		
							SUFFIX
10c. MAILING ADDRESS	CITY		<u> </u>	STATE	POSTAL C		0011117714
·				JOIAIL	I COSTAL O	ODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG	GNOR SECUE	RED PARTY'S N	IAME: Browide o			4.44.5	
11a. ORGANIZATION'S NAME			VAIVIE. Provide o	niy <u>one</u> na	me (11a or 1	11b)	_
OR	-						
11b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME		ADDITIO	VAL NAME(	S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS		<u> </u>					
THE INFILITE ADDITION	CITY			STATE	POSTAL C	ODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u> </u>	<u> </u>					·
. The structure of More Fort Truly 4 (Collateral):	,						
	·						
	- •						
	•			-			
•							
				<u> </u>			
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in t	he 14. This FINA	NCING STATEMEN	IT:	•			
15. Name and address of a RECORD OWNER of real estate described in item 16	<del></del>	rs timber to be cut	covers as-e	xtracted co	ilateral	is filed as a fi	xture filing
(if Debtor does not have a record interest):	16. Description	on of real estate:					
Gloria Henderson and Derek Henderson	County	y of: SHELB	Y				
		_					
	Addres Real Es	ss of tate: 161 Kentw	ood Dr. Alabasi	er Al 3	5007		
	Acai 158		i riavas	or, mu, J	,500/		
-	Δ1	PN- 232103	002014000	`			
	APN: 232103002014000 SEC/TWNSHP/RAN 10 21S 03W NBRHD: 02 CHINABERRY R-2						
	J SEC/IW	MODIFICAN: 10 Z	12 03 M' NRKH	ມ: 02 CI	INABER	KY R-2	
7 MISCELLANEOUS							<b></b>
7. MISCELLANEOUS:							
				<u></u>			