Record at the request of and when recorded return to: GoodLeap, LLC

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Shelby Cnty	64350 1/2 \$75.30 Judge of Probate, 1:59:12 AM FILED/(
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	•			
1 1 Faso, IA / 9990- 1440				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION THE ARC	WE SDACE IS SO	R FILING OFFICE USE	ONI V
1a. ORGANIZATION'S NAME	exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item 10			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Adams	Crystal			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
210 Pine Hill Drive	Columbiana -	AL	35051	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor Information in item 1			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	C!TY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	OR SECURED PARTY): Provide only one Secured	Party name (3a or 3b)	
3a. ORGANIZATION'S NAME		,	<u>, </u>	
GoodLeap, LLC				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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) Roofing (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

The Maximum Principal Indebtedness for Recording Tax Purposes is \$ 24,182.00

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 De	cedent's Personal Representative
6a. Check only if applicable and check only one box:		6b. Check only if applicable	and 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 Selfer	r/Buy	er Ballee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2405193567			

20240603000164350 2/2 \$75.30 Shelby Cnty Judge of Probate, AL 06/03/2024 11:59:12 AM FILED/CERT

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9b. INDIVIDUAL'S SURNAME Adams FIRST PERSONAL NAME Crystal ADDITIONAL NAME(S)INITIAL(S) DESTOR'S NAME: Provide (10s or 10b) only gag additional Debtor name or Debtor name that did not fit in line 15 or 25 of the Financing Statement (Form UCC1) (use &xact, full in do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10g. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNTY 11a. ORGANIZATION'S NAME ITID. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ASSIGNOR SECURED PARTY'S NAME: Provide only gag name (11a or 11b) 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	9a. ORGANIZATION'S NAME			•		
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Name and address of a RECORD OWNER of real estate described in Item 16 if Debtor does not have a record interest): Yestal Adams 16. Description of real estate: County of: Shelby Address: 210 Pine Hill Drive, Columbiana, AL, 35051 APN: 216243001030000 COM INT N R/W PINE HILL CIR & W R/W PNE HILL DR NWI ALG SD PINE HILL DR 402.07 TO POB NLY145 W 208.4 S 50 N	······································	CITY		STATE	POSTAL CODE	COUNTE
County of: Shelby Address: 210 Pine Hill Drive, Columbiana, AL, 35051 APN: 216243001030000 COM INT N R/W PINE HILL CIR & W R/W PNE HILL DR NWI ALG SD PINE HILL DR 402.07 TO POB NLY145 W 208.4 S 50 N	ADDITIONAL SPACE FOR ITEM 4 (Collateral): This Financing Statement is to be filed [for record] (or reco		EMENT:	STATE	POSTAL CODE	COUNTE
Address: 210 Pine Hill Drive, Columbiana, AL, 35051 APN: 216243001030000 COM INT N R/W PINE HILL CIR & W R/W PNE HILL DR NWI ALG SD PINE HILL DR 402.07 TO POB NLY145 W 208.4 S 50 V	ADDITIONAL SPACE FOR ITEM 4 (Collateral): This Financing Statement is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)	orded) in the 14. This FINANCING STATE covers timber to be	a cut			
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