Record	at the request of and			
	recorded return to:			
GoodL	eap, LLC			
UCC FINANCING STATEMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
D E MAU CONTACT AT EU ED ( 1' 1)	· · · · · · · · · · · · · · · · · · ·			
B. E-MAIL CONTACT AT FILER (optional) filings@goodleapsupport.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<del>- ·· · · · · · · · · · · · · · · · · · </del>			
	——————————————————————————————————————	■  ■   <b>■   ●   •</b>   •		
GoodLeap, LLC				
PO Box # 981440		20240	624000188570 1/2 \$	76.50
El Paso, TX 79998- 1440			y Cnty Judge of Pr 1/2024 01:23:41 PM	
SEE BELOW FOR SECURED PARTY CONTACT INFO	RMATION		OR FILING OFFICE USE	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) name will not fit in line 1b, leave all of item 1 blank, check here	(use exact, full name; do not omit, modify, or abbrev	riate any part of the Debte	or's name); if any part of the I	Individual Debtor's
1a. ORGANIZATION'S NAME		en room the Fillancing S		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
Martin	Cinthia		SIANE IANIE (O)/IAITINE(O)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
154 Adney Cir	Shelby	AL	35143	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (name will not fit in line 2b, leave all of item 2 blank, check here  2a. ORGANIZATION'S NAME	use exact, full name; do not omit, modify, or abbrevious and provide the Individual Debtor information in it	iate any part of the Debto em 10 of the Financing S	r's name); if any part of the Intatement Addendum (Form U	ndividual Debtor's ICC1Ad)
OR				
26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
Martin 2c. MAILING ADDRESS	Jeffrey			
154 Adney Cir	Shelby	STATE	POSTAL CODE 35143	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS	SIGNOR SECURED PARTY): Provide only one Sec	ured Party name (3a or 3	b)	
38. ORGANIZATION'S NAME				
GoodLeap, LLC		···		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL 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 coll		CA	73/40	
All of the Debtor's right, title and interest in Debtor pursuant to the Home Improvement A Debtor(s), including (a) HVAC (b) all access additions to such goods; (c) all proceeds from Agreement or any operations and maintenance goods, such Home Improvement Agreement from the collection, sale or other disposition from any loss, damage or destruction of such goods, or any other proceeds of such goods	Agreement described in the Loan ions, attachments, accessories, to warranty claims related to such eagreement; (e) all agreements or any operations and maintenant of such goods, including any pay	Agreement betools, parts, supposed goods; (d) such and other document; (ment received)	ween Secured Part lies, replacements h Home Improvem mentation relating f) all consideration from any insurer an	ty and of and nent to such received rising
The Maximum Principal Indebtedness for	Recording Tax Purposes is \$	25,000.00		
	eld in a Trust (see UCC1Ad, item 17 and Instruction		red by a Decedent's Persona	
a. Check only if applicable and check only one box:			if applicable and check only o	ne box:
Public-Finance Transaction Manufactured-Home Transaction Lessee/Lessor			tural Lien Non-UCC	
. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor  DOPTIONAL FILER REFERENCE DATA;	Consignee/Consignor Sel	ler/Buyer Ba	ilee/Bailor Licens	see/Licensor
Acct # 2413181478				

	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financ because Individual Debtor name did not fit, check here	ing Statement; if line 1b was left blank			
	9a. ORGANIZATION'S NAME				
OR					
9b. INDIVIDUAL'S SURNAME  Martin					
	FIRST PERSONAL NAME		20240	624000188570 2/2 \$ y Cnty Judge of Pr	76.50
	Cinthia		06/24	/2024 01:23:41 PM	FILED/CERT
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
				IS FOR FILING OFFICE	
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name)	Debtor name or Debtor name that did not fit in and enter the mailing address in line 10c	line 1b or 2b of the Financing 8	Statement (Form UCC1) (use	exact, full name
	10a. ORGANIZATION'S NAME				
OR					
νix	10b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME	· · · · · · · · · · · · · · · · · · ·			<del></del>
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
			· · · · · · · · · · · · · · · · · · ·		
Ос.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1.	ADDITIONAL SECURED PARTY'S NAME OF [11a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S	S NAME: Provide only <u>one</u> na	ame (11a or 11b)	
		ASSIGNOR SECURED PARTY'S FIRST PERSONAL NAME		ame (11a or 11b)  NAL NAME(S)/INITIAL(S)	SUFFIX
OR.	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	
)R	11a. ORGANIZATION'S NAME				SUFFIX
OR I1c.	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	
	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	
0R 11c.	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or re-	CITY	STATE	NAL NAME(S)/INITIAL(S)	
OR 11c.	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or record).	CITY  covers timber to be constant.	ADDITION STATE  MENT:  ut covers as-extracted	POSTAL CODE	COUNTRY
3. J	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or re-	CITY  covers timber to be constant.	ADDITION STATE  MENT:  ut covers as-extracted	POSTAL CODE	COUNTRY
3. J	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or recall the second of the s	CITY  covers timber to be constant.	ADDITION STATE  MENT:  ut covers as-extracted	POSTAL CODE	COUNTRY
3. J	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)  Isme and address of a RECORD OWNER of real estate described f Debtor does not have a record interest):	FIRST PERSONAL NAME  CITY  14. This FINANCING STATEM  covers timber to be compared in item 16  16. Description of real estate:  County of: Shelby	ADDITION STATE  MENT:  ut covers as-extracted	POSTAL CODE  collateral X is filed as a	COUNTRY
OR 11c.	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)  Isme and address of a RECORD OWNER of real estate described f Debtor does not have a record interest):	FIRST PERSONAL NAME  CITY  14. This FINANCING STATEM  covers timber to be countried in item 16  16. Description of real estate:  County of: Shelby  Address: 154 Adnesses	ADDITION STATE  MENT:  ut Covers as-extracted as a service of the	POSTAL CODE  collateral X is filed as a	COUNTRY
3. J	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):  X This FINANCING STATEMENT is to be filed [for record] (or record REAL ESTATE RECORDS (if applicable)  Isme and address of a RECORD OWNER of real estate described f Debtor does not have a record interest):	FIRST PERSONAL NAME  CITY  14. This FINANCING STATEM  covers timber to be country of: Shelby  Address: 154 Adness  APN: 33216	ADDITION STATE  MENT:  ut covers as-extracted	POSTAL CODE  collateral X is filed as a	fixture filing

17. MISCELLANEOUS: