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

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)				· ·
B. E-MAIL CONTACT AT FILER (optional)	<u> </u>			
filings@goodleapsupport.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address	;	Shelby Cnty	66790 1/2 \$72.60 Judge of Probate,	۸ ۱
		11/26/2024 0	1:34:03 PM FILED/	CERT
l GoodLeap, LLC				
PO Box # 981440				
El Paso, TX 79998- 1440				
SEE BELOW FOR SECURED PARTY CONTACT INF	ORMATION — THE A	01/5 00 10 5	R FILING OFFICE USE	
1a. ORGANIZATION'S NAME OR				•
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Wrencher	Clarence			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3060 Brook Highland Dr	Birmingham	AL	35242	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 OR	(use exact, full name; do not omit, modify, or abbreviate and provide the Individual Debtor information in item	any part of the Debtor 10 of the Financing St	's name); if any part of the Ir atement Addendum (Form U	ndividual Debt
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Wrencher	Kay		•	
2c. MAILING ADDRESS	CITY		T = # = = = = = = = = = = = = = = = = =	

CITY

CITY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

Birmingham

FIRST PERSONAL NAME

STATE

AL

STATE

CA

POSTAL CODE

35242

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

95661

COUNTRY

USA

SUFFIX

COUNTRY

USA

8781 Sierra College Boulevard 4. COLLATERAL: This financing statement covers the following collateral:

3060 Brook Highland Dr

3a. ORGANIZATION'S NAME

GoodLeap, LLC

3c. MAILING ADDRESS

All of the Debtors 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

Roseville

The Maximum Principal Indebtedness for Recording Tax Purposes is \$22,384.92

5. Check only if applicable and check only one box:	Collateral is held in a Tru	st (see UCC1Ad, item 17 and	d Instructions)	being administered by a Dec	cedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one both Public-Finance Transaction Mar				6b. Check only if applicable	
7. ALTERNATIVE DESIGNATION (if applicable):	ufactured-Home Transaction Lessee/Lessor	A Debtor is a Trans Consignee/Consignor	smitting Utility Seller/Buy	Agricultural Lien	Non-UCC Filing
8. OPTIONAL FILER REFERENCE DATA: Acct # 2415219588	FIX	SHELBY	Seller/Buy	er Bailee/Bailor	Licensee/Licensor

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

Se. ORGANIZATION'S NAME 202411250000386790 2/2 \$72.50 Shalby Cnity Judge of Probate, RL 11/26/2024, 01:34:00 PH FILED/CERT Whencher Pirits Personal Name Clarence Approval, Name Povise (fiber 120) only one additional DRESS name of Dibbs have but did not fit in line to o' 2s of the Financing Statement (Form UCC1) (use exact, file) do not one, modify, or abhorwise any part of the Destor's name) and enter the mailing address in five 10c 10a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S BURNAME INDIVIDUAL'S RIEST PERSONAL NAME INDIVIDUAL'S RIEST PERSONAL NAME 11c. MAILING ADDITIONAL NAME(S)/INTIAL(S) De. MAILING ADDITIONAL SAUDITIONAL NAME(S)/INTIAL(S) 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTY 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTY STATE POSTAL CODE COUNTY 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTY COUNTS as exectioned coditional 11c. Mailing ADDRESS CITY County Statement 11	. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	g Statement; if line 1b was left bla	ank				
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