

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

20250128000026120 1/2 \$78 00

20250128000026120 1/2 \$78.00 Shelby Cnty Judge of Probate, AL 01/28/2025 11:32:15 AM FILED/CERT

STATE

STATE

CA

POSTAL CODE

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

95661

COUNTRY

USA

SUFFIX

COUNTRY

USA

UCC FINANCING STATEMENT

FOLLOWINSTRUCTIONS					
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					
	5				
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	J	THE ABOVE SPACE	CE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide and provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here are all of item 1 blank, check here are all of item 1 blank, check here are all of item 1 blank, check here.	the Individual Debtor informa	tion in item 10 of the Fir	nancing Sta	atement Addendum (Form U	CC1Ad)
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
Brewer	Kathy		}		}
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1101 Haven Rd	Birmingham		AL	35242	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME 2a. ORGANIZATION'S NAME					
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX

CITY

CITY

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

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

2c. MAILING ADDRESS

3c. MAILING ADDRESS

3a. ORGANIZATION'S NAME

8781 Sierra College Boulevard

GoodLeap, LLC

OR 36. INDIVIDUAL'S SURNAME

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) HVAC (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

FIRST PERSONAL NAME

The Maximum Principal Indebtedness for Recording Tax Purposes is \$25,941.00

5. Check only if applicable and check only one box	c: Collateral is held in a Tr	ust (see UCC1Ad, item 17 and	Instructions)	being administered by a Dec	edent's Personal Representative		
6a. Check <u>only</u> if applicable and check <u>only</u> one box:				6b. Check only if applicable and check only one box:			
Public-Finance Transaction Ma	nufactured-Home Transaction	A Debtor is a Trans	mitting Utility	Agricultural Lien	Non-UCC Filing		
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buys	r Bailee/Bailor	Licensee/Licensor		
8. OPTIONAL FILER REFERENCE DATA: Acct # 2413220251	FIX	Shelby					



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UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 95. INDIVIDUAL'S SURNAME Brewer FIRST PERSONAL NAME Kathy ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE CITY STATE COUNTRY ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE COUNTRY CITY POSTAL CODE 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) is filed as a fixture filing covers timber to be cut covers as-extracted collateral 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): County of: Shelby Kathy Brewer Address: 1101 Haven Rd, Birmingham, AL, 35242 36143004028000 APN: SEC/TWNSHP/RAN 14 18S 01W HOOVER ANNEX ORD # 95-1421 NBRHD: 13 HAVEN AT GREYSTONE R-2 17. MISCELLANEOUS: FIX