

20250814000248890 1/2 \$86.40 Shelby Cnty Judge of Probate, AL 08/14/2025 10:25:08 AM FILED/CERT

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

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UCC FINANCING STATEMENT				TEGULTRY CALL
FOLLOWINSTRUCTIONS			.•	Company of the same
A. NAME & PHONE OF CONTACT AT FILER (optional)				The day of the section of
			- 144 ₀ F 14 ₀	
B. E-MAIL CONTACT AT FILER (optional)			•	TECL VEC
filings@goodleapsupport.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address	s)			
GoodLeap, LLC				
PO Box # 981440			•	•
El Paso, TX 79998- 1440				enter t
				•
SEE BELOW FOR SECURED PARTY CONTACT IN	FORMATION THE AE	BOVE SPACE IS FOR	R FILING OFFICE US	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1				
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in item	10 of the Financing Sta	tement Addendum (Forn	
1a. ORGANIZATION'S NAME	- · · · · · · · · · · · · · · · · · · ·		•	
OR	EIDST DEDSONAL MAME		IAL NAME(S)/INITIAL(S	— intercerta — intercerta) → interSbJEFIXectricato
16. INDIVIDUAL'S SURNAME Machtolff	FIRST PERSONAL NAME Andrew	ADDITION		The state of the s
<u></u>	CITY	STATE	POSTAL CODE	<u>I Party Tokak</u> COUNTRY
10. MAILING ADDRESS 28 29 DOGWOOD CIR	BIRMINGHAM	AL	35244	y a no
	42 11 12		· · · · · · · · · · · · · · · · · · ·	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here		any part of the Debtor's 10 of the Financing Sta	s name); if any part of the tement Addendum (Forn	e individual Debtors n UCC1Ad)
2a. ORGANIZATION'S NAME			i	
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OR 2b, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME		ADDITION	VAL NAME(S)/INITIAL(S	SUFFIX
			•	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of	ASSIGNOR SECURED PARTY): Provide only one Secure	ed Party name (3a or 3b)	· · · · · · · · · · · · · · · · · · ·	
; 3a. ORGANIZATION'S NAME	ASSIGNOR SECONED PARTITY. Trovide only one Securi	sa raity name (ou or ob		to the second
GoodLeap, LLC				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	VAL NAME(S)/INITIAL(S) · SUFFIX
				, !
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

8781 Sierra College Boulevard

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

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 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 \$31.525.00

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) 6a. Check only if applicable and check only one box:		being administered by a Dec b. Check <u>only</u> if applicable	cedent's Personal Representative and check only 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 Selle	r/Buyer	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2510019366			
FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)			The second secon



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UCC FINANCING STATEMENT ADDE	:NDUM					
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financin	ng Statement; if line 1b was left blank				• •	TNAM. (1944)
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME		_				
9a. ORGANIZATION S NAME					•	
	<u></u>	-			4	And a
R ANDIVIDUALIS CUBNANT						* **.
'` 9b. INDIVIDUAL'S SURNAME Machtolff						
FIRST PERSONAL NAME				'-		•
Andrew					-, -	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ADOVE	CDACE	C EOD EII INC	OFFICE'U	
DEBTOR'S NAME: Provide (10a or 10b) only one additional	Debtor name or Debtor name that did not fit i	n line 1b or 2b of the F	inancing S	S FOR FILING tatement (Form U	JCC1) (use e	exact, full name,
do not omit, modify, or abbreviate any part of the Debtor's name)	and enter the mailing address in line 10c	, -	-~ -~		1	Egipte em transmission
100. OTTORIOTO TOTAL					er.24	our demander of the second
10b. INDIVIDUAL'S SURNAME					• •	Stanford Allegan
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INDIVIDUAL'S FIRST PERSONAL NAME). • 'sal.	eraren eraken era
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		•				SUFFIX
<u> </u>			T	TERRET RATE		200111701
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY	'S NAME: Provide	only <u>one</u> na	ame (11a or 11b)		
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<u>-</u>	ADDITIO	NAL NAME(S)/IN	ITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		<u>. </u>			.	THE RESERVE OF BUILDINGS
, ADDITIONAL OF AGE FOR HEIN 4 (Collatoral).				• •	्र १९३५ मालनकान्येचे	Andrews Ribertingen
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		~		. <u></u>		J. E. J. S. William
	44 701 5010 0747					
This FINANCING STATEMENT is to be filed [for record] (or record) REAL ESTATE RECORDS (if applicable)	recorded) in the 14. This FINANCING STAT		-extracted	collateral X i	is filed as a f	
Name and address of a RECORD OWNER of real estate described						
(if Debtor does not have a record interest):	County of: SHE	LBY				
Andrew Machtolff	Address: 839 DC	CWOOD CID I	ALD VALVI	CHAM AT	35244	•
	Address: 639 DC	JG W OOD CIR, I	DIIZIVIII	GITANI, AL,	33 244	
	APN: 105	1600050600	06			•
	COM SW COR					
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r	SW287.25 NWL	Y31.66 SWLY	18		· · · · · · · · · · · · · · · · · · ·	त्र क्षेत्रका स्थाप । प्रश्लेक व्य स्थापनी व्यक्त । स्थापनी व्यक्तिका स्थापनी स्थापनी व्यक्तिका । स्थापनी व्यक्तिका स्थापनी
						
7. MISCELLANEOUS:						Y dist

SECURED PARTY COPY — UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 07/01/23)