		he request of and ded return to: LLC	2025 Shel	1201000366380 1/2 \$by Chty Judge of Pr 1/2025 12:57:48 PM	85.05 obate, AL
Ā. I	NAME & PHONE OF CONTACT AT FILER (optional)				
<u> </u>	E MAIL CONTACT AT EILED (optional)	-			
	E-MAIL CONTACT AT FILER (optional) filings@goodleapsupport.com				
	SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>	Ł		
Ŭ. Г	(Name and Address)				
1	GoodLeap, LLC				
	PO Box # 981440				
	El Paso, TX 79998- 1440				
í	Li Faso, 17 / 7770- 1440				
~ [SEE BELOW FOR SECURED PARTY-CONTACT INFORMA	TION	THE ABOVE SPACE IS	FOR FILING OFFICE USE	ONLY
11	ame will not fit in line 1b, leave all of item 1 blank, check here an an 1a. ORGANIZATION'S NAME	d provide the Individual Debtor information	on in item to of the Fillancing	3 Statement Addendum (Form C	- CC IAG)
OR					
	1ь. INDIVIDUAL'S SURNAME Williams	FIRST PERSONAL NAME Vicki	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
Ic.	<u> </u>		ADDI STAT	E POSTAL CODE	COUNTRY
c. 2(Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use 6)	Vicki CITY PELHAM exact, full name; do not omit, modify, or a	STAT AI abbreviate any part of the De	POSTAL CODE 35124 btor's name); if any part of the li	COUNTRY USA ndividual Debi
1c. 2(Williams MAILING ADDRESS 505 CHANDALAR LN	Vicki CITY PELHAM exact, full name; do not omit, modify, or a	STAT AI abbreviate any part of the De	POSTAL CODE 35124 btor's name); if any part of the li	COUNTRY USA ndividual Debt
1c. 2. [Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use a same will not fit in line 2b, leave all of item 2 blank, check here and	Vicki CITY PELHAM exact, full name; do not omit, modify, or a	AI abbreviate any part of the De on in item 10 of the Financin	POSTAL CODE 35124 btor's name); if any part of the li	COUNTRY USA ndividual Debt
or 2	Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use a same will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	Vicki CITY PELHAM exact, full name; do not omit, modify, or a d provide the Individual Debtor information FIRST PERSONAL NAME	STATA AI abbreviate any part of the Deson in item 10 of the Financin	Description of the lang statement Addendum (Form Lang Statement NAME(S)/INITIAL(S)	COUNTRY USA Individual Debt ICC1Ad) SUFFIX
o. 2. [Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use a same will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	CITY PELHAM exact, full name; do not omit, modify, or a d provide the Individual Debtor information	AI abbreviate any part of the De on in item 10 of the Financin	Description of the lang statement Addendum (Form Lang Statement NAME(S)/INITIAL(S)	COUNTRY USA Individual Debt ICC1Ad) SUFFIX
1c. 2. [Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use a same will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	CITY PELHAM exact, full name; do not omit, modify, or a diprovide the Individual Debtor information FIRST PERSONAL NAME CITY	abbreviate any part of the Deson in item 10 of the Financin ADD	Description of the langest postal code of the la	COUNTRY USA Individual Debt ICC1Ad) SUFFIX COUNTRY
1c. 2. [2c.	Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use a same will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	CITY PELHAM exact, full name; do not omit, modify, or a diprovide the Individual Debtor information FIRST PERSONAL NAME CITY	abbreviate any part of the Deson in item 10 of the Financin ADD	Description of the langest postal code of the la	COUNTRY COUNTRY COUNTRY
c. 2. [Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use a same will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME GoodLeap, LLC	CITY PELHAM exact, full name; do not omit, modify, or a diprovide the Individual Debtor information FIRST PERSONAL NAME CITY	abbreviate any part of the Deson in item 10 of the Financin ADD	Description of the langest postal code of the la	COUNTRY USA Individual Deb ICC1Ad) SUFFIX COUNTR
2. C	Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use a same will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME GoodLeap, LLC	CITY PELHAM exact, full name; do not omit, modify, or a diprovide the Individual Debtor information FIRST PERSONAL NAME CITY	abbreviate any part of the Deson in item 10 of the Financin ADD STATE STATE	Description of the langest postal code of the la	COUNTRY USA Individual Debt (CC1Ad) SUFFIX COUNTRY
2. C 2. C 3. S	Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use a same will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME GoodLeap, LLC	Vicki CITY PELHAM exact, full name; do not omit, modify, or a diprovide the Individual Debtor information FIRST PERSONAL NAME CITY OR SECURED PARTY): Provide only only only only only only only only	abbreviate any part of the Deson in item 10 of the Financin ADD STATE STATE	btor's name); if any part of the leg Statement Addendum (Form United Postal Code TIONAL NAME(S)/INITIAL(S) TE POSTAL CODE TIONAL NAME(S)/INITIAL(S)	COUNTRY USA SUFFIX COUNTRY USA COUNTRY
2. C 2. C 3. S	Williams MAILING ADDRESS 505 CHANDALAR LN DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ame will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME GoodLeap, LLC 3b. INDIVIDUAL'S SURNAME	Vicki CITY PELHAM exact, full name; do not omit, modify, or a d provide the Individual Debtor information FIRST PERSONAL NAME CITY OR SECURED PARTY): Provide only on the individual Debtor information in the individual Debtor in the individual Debtor in the individual Debtor in the individual Debtor in	abbreviate any part of the Decon in item 10 of the Financial ADD STATE ADD ADD ADD	Description of the language of	COUNTRY USA SUFFIX COUNTRUSA SUFFIX

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) 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

The Maximum Principal Indebtedness for Recording Tax Purposes is \$30,619.40

5. Check only if applicable and check only one box: Collateral is held in a Tru	st (see UCC1Ad, item 17 and Instructions)	being administered by a Dece	dent's Personal Representative
6a. Check only if applicable and check only one box:		6b. Check only if applicable ar	nd 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 Seller/B	Buyer Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2512047815 FIX	SHELBY	•	



20251201000366380 2/2 \$85.05 Shelby Cnty Judge of Probate, AL 12/01/2025 12:57:48 PM FILED/CERT

UCC FINANCING STATEMENT ADDENDUM

OLLOW INSTRUCTIONS NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State	ement; if line 1b was left blan	k					
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME		i					
9b. INDIVIDUAL'S SURNAME Williams							
FIRST PERSONAL NAME Vicki							
- ADDITIONAL NAME(S)/INITIAL(S)	SUF	-	ABOVE SPACE I	S FOR FILING OFFIC	CE USE ONLY		
O. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and er		id not fit in line 1b or 2b					
10a. ORGANIZATION'S NAME							
10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME			·				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			•		SUFFIX		
0c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR		
ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECURED			NAL NAME(S)/INITIAL(S	S) SUFFIX		
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR		
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
3. X This FINANCING STATEMENT is to be filed [for record) (or records REAL ESTATE RECORDS (if applicable)	ed) in the 14. This FINANCI	NG STATEMENT:	overs as-extracted	collateral X is filed	as a fixture filing		
15. Name and address of a RECORD OWNER of real estate described in ite (if Debtor does not have a record interest):							
Vicki Williams	County of: SHELBY Address: 2605 CHANDALAR LN, PELHAM, AL, 35124						
		APN: 131013001018000					
		•		RHD: 08 CHAN	DALAR R-		
		1 1					
	L .						

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