Record at the request of an 202304200016

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS				
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	, 1			
PO Box # 981440	1 1			
El Paso, TX 79998- 1440	ŀ			
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) name will not fit in line 1b, leave all of (tem 1 blank, check here	THE	ABOVE SPACE IS	FOR FILING OFFICE U	SE ONLY
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	viate any part of the Det	otor's name); if any part of the	ne Individual Del
1a. ORGANIZATION'S NAME	and provide the Individual Debtor information in it	tem 10 of the Financing	Statement Addendum (Form	n UCC1Ad)
R 1b. INDIVIDUAL'S SURNAME				
Williams	FIRST PERSONAL NAME	IADDIT	IONAL MANGETTING	
: MAILING ADDRESS	Brian	Abbii	IONAL NAME(S)/INITIAL(S	SUFFIX
1022 Vera Court	CITY	STATE	POSTAL CODE	
	Mount Vernon			COUNTR
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b, leave all of Item 2 blank, check here	ise exact, full name; do not omit, modify, or abbrevia			03/
2a. ORGANIZATION'S NAME	and provide the Individual Debtor Information in ite	em 10 of the Financing S	or's name); if any part of the Statement Addendum (Form	individual Debi
			The state of the s	OCCIAO)
_ [
2b. INDIVIDUAL'S SURNAME				
26. INDIVIDUAL'S SURNAME Williams	FIRST PERSONAL NAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
Villiams MAILING ADDRESS	Suzanne	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
Williams Mailing address 022 Vera Court	Suzanne CITY Mount Vorner	STATE	POSTAL CODE	
Williams Mailing address 022 Vera Court	Suzanne CITY Mount Vorner	STATE	POSTAL CODE	SUFFIX COUNTRY USA
Williams MAILING ADDRESS 022 Vera Court SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME)	Suzanne CITY Mount Vorner	STATE	POSTAL CODE	COUNTRY
Williams MAILING ADDRESS 022 Vera Court SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATIONS) 3a. ORGANIZATION'S NAME GoodLeap, LLC	Suzanne CITY Mount Vorner	STATE	POSTAL CODE	COUNTRY
Williams MAILING ADDRESS 022 Vera Court SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME)	Suzanne CITY Mount Vorner	STATE WA	POSTAL CODE 98273	COUNTRY
28. INDIVIDUAL'S SURNAME Williams MAILING ADDRESS 022 Vera Court SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME GOODLEAP, LLC 3b. INDIVIDUAL'S SURNAME	Suzanne CITY Mount Vernon GNOR SECURED PARTY): Provide only one Secure	STATE WA	POSTAL CODE	COUNTRY
Williams MAILING ADDRESS D22 Vera Court SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME GOODLEAP, LLC 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS	Suzanne CITY Mount Vernon GNOR SECURED PARTY): Provide only one Secure	STATE WA red Party name (3a or 3)	POSTAL CODE 98273 b)	COUNTRY USA
Williams MAILING ADDRESS 022 Vera Court SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME GOODLEAP, LLC 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 781 Sierra College Boulevard	Suzanne CITY Mount Vernon GNOR SECURED PARTY): Provide only one Secur FIRST PERSONAL NAME CITY	STATE WA red Party name (3a or 3) ADDITIO	POSTAL CODE 98273 b) NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY
Williams MAILING ADDRESS D22 Vera Court SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME GoodLeap, LLC 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 781 Sierra College Boulevard COLLATERAL: This financing statement covers the following collate All of the debtors right title and interest in the college and interest in the	Suzanne CITY Mount Vernon GNOR SECURED PARTY): Provide only one Secur FIRST PERSONAL NAME CITY Roseville	STATE WA red Party name (3a or 3) ADDITIO STATE CA	POSTAL CODE 98273 b) NAL NAME(S)/INITIAL(S) POSTAL CODE 95746	SUFFIX COUNTRY USA
Williams MAILING ADDRESS 022 Vera Court SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNATION'S NAME GOODLEAP, LLC 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS 781 Sierra College Boulevard	Suzanne CITY Mount Vernon GNOR SECURED PARTY): Provide only one Secur FIRST PERSONAL NAME CITY Roseville eral: the Photovoltaic Solar Energy Eq. 1 to rooftop solar panels, solar roires, support brackets, roof mounters.	STATE WA red Party name (3a or 3) ADDITIO STATE CA quipment or Encooring materials	POSTAL CODE 98273 b) NAL NAME(S)/INITIAL(S) POSTAL CODE 95746 ergy Storage/Batt	SUFFIX COUNTRY USA
Williams MAILING ADDRESS 022 Vera Court SECURED PARTY'S NAME (or NAME of ASSIGNEE OF AS	Suzanne CITY Mount Vernon GNOR SECURED PARTY): Provide only one Secur FIRST PERSONAL NAME CITY Roseville eral: the Photovoltaic Solar Energy Eq. 1 to rooftop solar panels, solar roires, support brackets, roof mounters.	ADDITIO STATE CA quipment or Encoring materials anted or ground e security interests.	POSTAL CODE 98273 b) NAL NAME(S)/INITIAL(S) POSTAL CODE 95746 ergy Storage/Batt s, wall mounted b mounted racking est includes all was	SUFFIX SUFFIX COUNTRY USA ery atteries, systems, arranties
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FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Staten				
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME	nent; if line 15 was left blank			
OR AL HARMEN				
Williams				
FIRST PERSONAL NAME Brian				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter	me or Debtor name that did not fit in lin	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
do not omit, modify, or abbreviate any part of the Debtor's name) and enter 10a. ORGANIZATION'S NAME	the mailing address in line 10c		Statement (Form UCC1) (use	exact, full nar
OR 10b. INDIVIDUAL'S SURNAME				
IOD. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
Dc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY'S	NAME: Provide only one na	me (11a or 11b)	
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITIO	NAL NAME(S)/INITIAL(S)	1
c. MAILING ADDRESS			NAL NAME(S)/INITIAL(S)	SUFFIX
	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
. X This FINANCING STATEMENT is to be filed (for record) (or recorded) in tREAL ESTATE RECORDS (if applicable)	the 14. This FINANCING STATEMEN covers timber to be cut	_	57	-
Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	covers timber to be cut covers as-extracted collateral is filed as a fixture filing 16. Description of real estate:			
rian Williams and Suzanne Williams	County of: SKAGI	T		
	Address of Real Estate: 1022 Vera	Court, Mount Vernon, V	VA, 98273	
	APN: 457800	00450004		
	(0.1400 AC) LOT 45, BRI RECORDED IN VOLUM	TTWOOD, ACCORDIN	IG TO THE PLAT THEI S 31 AND 32, RECORD	REOF, S OF SKA