

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



202408130022

08/13/2024 09:46 AM Pages: 1 of 2 Fees: \$304.50
Skagit County Auditor

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) <div>GoodLeap, LLC PO Box # 981440 El Paso, TX 79998- 1440</div> |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's 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 Statement Addendum (Form UCC1Ad)

| | | | | |
|---|------------------------------------|-------------------------------|-------------------------------|----------------|
| 1a. ORGANIZATION'S NAME | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME CASTRO | FIRST PERSONAL NAME ADOLFO | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 24052 FEATHER LN | CITY SEDRO WOOLLEY | STATE WA | POSTAL CODE 98284 | COUNTRY USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|-------------------------|--------------------------|---------------------|-------------------------------|----------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 Secured Party name (3a or 3b)

| | | | | |
|--|--------------------------|---------------------|-------------------------------|----------------|
| 3a. ORGANIZATION'S NAME GoodLeap, LLC | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 8781 Sierra College Boulevard | CITY Roseville | STATE CA | POSTAL CODE 95661 | COUNTRY USA |

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

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) 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

46320000030002

(0.3200 AC) (TITLE ELIMINATION) INCLUDING MANUFACTURED HOME 1995 LIBERTY 60X28 SERIAL
NUMBER 09L28430XU EAGLE VALLEY PUD LOT

Lot 3

| | | |
|---|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Bailor <input type="checkbox"/> Licensee/Licensor | | |
| 8. OPTIONAL FILER REFERENCE DATA: Acct # 2403200636 | | |

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

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

OR

9b. INDIVIDUAL'S SURNAME

CASTRO

FIRST PERSONAL NAME

ADOLFO

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

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

ADOLFO CASTRO

16. Description of real estate:

County of: Skagit

Address: 24052 FEATHER LN, SEDRO WOOLLEY, WA, 98284

APN: 46320000030002

(0.3200 AC) (TITLE ELIMINATION) INCLUDING
MANUFACTURED HOME 1995 LIBERTY 60X28 SERIAL
NUMBER 09L28430XU EAGLE VALLEY PUD LOT

17. MISCELLANEOUS: