## 202412020020

Record at the request of and when recorded return to:

12/02/2024 09:08 AM Pages: 1 of 2 Fees: \$304.50 Skagit County Auditor

## GoodLeap, LLC **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** . 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 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 on provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) NINYANA DENT 1c. MAILING ADDRESS POSTAL CODE COUNTRY WA 12141 COHOE DR BURLINGTON 98233 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) 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 2c. MAILING ADDRESS 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 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS POSTAL CODE USA Roseville 95661 8781 Sierra College Boulevard 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) Siding (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

(0.2800 AC)(DR19 DK12) LOT 18, WEST VIEW ACRES SUBDIVISION, SKAGIT COUNTY, WASH., AS PER 40370000180009 PLAT RECORDED IN VOLUME 7 OF PLATS,

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box Public-Finance Transaction 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Ballee/Bailor 8. OPTIONAL FILER REFERENCE DATA: SKAGIT Acct # 2407219092 FIX

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

N	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State pecause Individual Debtor name did not fit, check here	ment; if line 1b was left blank			
	9a, ORGANIZATION'S NAME				
DR.	95. INDIVIDUAL'S SURNAME				
	DENT				
	FIRST PERSONAL NAME NINYANA				
	ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX			
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor of ont omit, modity, or abbreviate any part of the Debtor's name) and ent	name or Debtor name that did not fit in line or the mailing address in line 10c		IS FOR FILING OFFICE Statement (Form_UCC1) (use	
	10a, ORĜANIZATION'S NAME		*	-	
PR	10b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
Oc.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
1	ADDITIONAL SECURED PARTY'S NAME OF AS	SIGNOR SECURED PARTY'S	NAME: Provide only <u>one</u> na	ame (11a or 11b)	
R	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
2, /	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			<u></u>	
	<del></del>			- <del></del>	
3.	This FINANCING STATEMENT is to be filed (for record) (or recorded)	in the 114 This FINANCING STATEME	NT:		-
	This FINANCING STATEMENT is to be filed [for record] (or recorded REAL ESTATE RECORDS (if applicable)	Covers timber to be cut	NT:  Covers as-extracted	collateral X is filed as a	fixture filing
5, I	Name and address of a RECORD OWNER of real estate described in Item if Debtor does not have a record interest):	Covers timber to be cut	covers as-extracted	collateral X is filed as a	fixture filing
5, I	Name and address of a RECORD OWNER of real estate described in item	16. Description of real estate:	covers as-extracted		fixture filing
5, I	Name and address of a RECORD OWNER of real estate described in Item if Debtor does not have a record interest):	16. Description of real estate:  County of: SKAGI	covers as-extracted		fixture filing

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