202505270032

6b. Check only if applicable and check only one box:

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Ballee/Bailor

| | Record at the request of Skagi when recorded return to: GoodLeap, LLC | 7/2025 10:35 Hr t County Auditor | . | | |
|--|--|---|---|---|---|
| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS | r | _ | | | |
| A. NAME & PHONE OF CONTACT AT FILER (0) | ptional) | | | | |
| B. E-MAIL CONTACT AT FILER (optional) | | - | | | |
| filings@goodleapsupport.com | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name an | nd Address) | 1 | | | |
| | _ | | | | |
| GoodLeap, LLC | i | l . | | | |
| PO Box # 981440 | | } | | | |
| El Paso, TX 79998- 1440 | | | | | |
| - SEE BELOW FOR SECURED PARTY CO | INTACT INFORMATION | THE ABOVE | | D FILLING OFFICE LIGH | O |
| DEBTOR'S NAME: Provide only one Debtor name | | - V | • • | R FILING OFFICE USE | |
| name will not fit in line 1b, leave all of item 1 blank, of | | | | | |
| 1a. ORGANIZATION'S NAME | | | - | | |
| OR | 1 | | | | SUFFIX |
| 16. INDIVIDUAL'S SURNAME CORONA | FIRST PERSON BLANC | | ADDITIO | ADDITIONAL NAME(S)/INITIAL(S) | |
| 1c. MAILING ADDRESS | CITY | <u> </u> | STATE | POSTAL CODE | COUNTRY |
| 3218 ROSEWOOD ST | | 'VERNON | WA | 98273 | USA |
| 28. ORGANIZATION'S NAMÉ OR 25. INDIVIDUAL'S SURNAME | FIRST PERSON | AL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| CORONA NUNEZ | JOSE | | | | |
| 2c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 3218 ROSEWOOD ST | MOUNT | VERNON | WA | 98273 | USA |
| 3. SECURED PARTY'S NAME (or NAME of ASS [3a. ORGANIZATION'S NAME | SIGNEE of ASSIGNOR SECURED PARTY): Pr | ovide only one Secured Par | ty name (3a or 3b |) | |
| GoodLeap, LLC | | | | | |
| OR 3b, INDIVIDUAL'S SURNAME | FIRST PERSON | IAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | | | |
| 3c. MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| 8781 Sierra College Boulevard | Roseville | | CA | 95661 | USA |
| All of the Debtors right, title and intere pursuant to the Home Improvement Ag Windows (b) all accessions, attachmen proceeds from warranty claims related agreement; (e) all agreements and other operations and maintenance agreement including any payment received from a received as a result of possessing any states. | greement described in the Loan A ats, accessories, tools, parts, supp to such goods; (d) such Home In the documentation relating to such the figure of the consideration received from any loss, any insurer arising from any loss. | Agreement between lies, replacements of inprovement Agreer goods, such Home om the collection, so, damage or destructs sof such goods | Secured Par of and additionent or any Improvements ale or other tion of such | rty and Debtor(s), ir ons to such goods; operations and main nt Agreement or an disposition of such goods and any othe | ncluding (a) (c) all ntenance y goods, er payment |
| | JNDER AUDITORS FILE NO. 2000021 | | | | • |

A Debtor is a Transmitting Utility

SKAGIT

Consignee/Consignor

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

FIX

6a. Check <u>only</u> if applicable and check <u>only</u> one box:

8. OPTIONAL FILER REFERENCE DATA: Acct # 2510007035

Public-Finance Transaction Manufactured-Home Transaction

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

| | AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; ecause Individual Debtor name did not fit, check here | If line 1b was left blank | | | |
|-------------|--|--|--|--|----------|
| | 9a. ORGANIZATION'S NAME | | | | |
| | | | | | |
| OR | | | • | | |
| JR | 9b. INDIVIDUAL'S SURNAME CORONA | | | | |
| | FIRST PERSONAL NAME | | | | |
| | BLANCA | | | | |
| _ | - ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | ` |
| 0. | DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name | or Debtor name that did not fit in lin | | IS FOR FILING OFFICE Statement (Form UCC1) (use | |
| | do not omit, modify, or abbreviate any part of the Debtor's name) and enter the | | | | |
| | 10a. ORGANIZATION'S NAME | | | | |
| OR | 10b. INDIVIDUAL'S SURNAME | - | | | <u>-</u> |
| | | | | | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | | | | |
| i | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | SUFFIX |
| | | | | | |
| Dc. | MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTR |
| | 11a. ORGANIZATION'S NAME | | FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA | | |
| R | 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDIT | ONAL NAME(S)/INITIAL(S) | SUFFIX |
| | 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS | FIRST PERSONAL NAME | ADDIT | ONAL NAME(S)/INITIAL(S) | SUFFIX |
| 11c. | | | | | |
| 11c. | MAILING ADDRESS | | | | |
| 12. | MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): | CITY 14. This FINANCING STATEME | STATE STATE | POSTAL CODE | COUNTRY |
| 13. | MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 18 | CITY | STATE STATE | POSTAL CODE | COUNTRY |
| 11c. 12. | MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 18 (if Debtor does not have a record interest): | CITY 14. This FINANCING STATEME | STATE STATE Covers as-extracted | POSTAL CODE | COUNTRY |
| 11c. 12. | MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 18 | ne 14. This FINANCING STATEME covers timber to be cut 16. Description of real estate: | STATE STATE Int: covers as-extracted | POSTAL CODE | COUNTRY |
| 13. | MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 18 (if Debtor does not have a record interest): | 14. This FINANCING STATEM covers timber to be cut 16. Description of real estate: County of: SKAG | STATE STATE STATE Covers as-extracted T EWOOD ST,MOUN | POSTAL CODE | COUNTRY |

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