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08/26/2025 11:22 AM Pages: 1 of 2 Fees: \$304.50 Skapit County Auditor

Record at the request of and

| when recorded retu | urn to: | | | |
|---|---|-------------|---------------------------------|------------------------|
| GoodLeap, LLC | | | | |
| 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) | | | | |
| | \neg ! | | | |
| GoodLeap, LLC | · • | | | |
| PO Box # 981440 | l l | | | |
| El Paso, TX 79998- 1440 | 1 | | | |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION | THE ABOVE SPA | CE IS FO | R FILING OFFICE USE C | NLY |
| 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full | | | | |
| | the Individual Debtor information in Item 10 of the Fit | nancing Sta | atement Addendum (Form UC | C1Ad) |
| 1a. ORGANIZATION'S NAME | | | | |
| OR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | IADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| Dillman | David | | | |
| 1c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 305 Longtime Ln | Sedro Woolley | WA | 98284 | 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 Ind | tividual Debtor's |
| | the Individual Debtor information in item 10 of the Fi | nancing St | atement Addendum (Form UC | C1Ad) |
| 2a, ORGANIZATION'S NAME | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | LABBITIO | NAL NAME(S)/INITIAL(S) | Inverse. |
| Dillman | Candace | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 305 Longtime Ln | Sedro Woolley | WA | 98284 | USA |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU | | e (3a or 3b |) | |
| 3a. ORGANIZATION'S NAME | | , | , | |
| GoodLeap, LLC | | | | |
| OR 3b, INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | 1 | USA |
| 8781 Sierra College Boulevard 4. COLLATERAL: This financing statement covers the following collateral: | Roseville | CA | 95661 | 1 |
| 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) Home Performance (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 | | | | |
| | AT OF ANKNEY HEIGHTS, ACCORDING ER AUDITORS FILE NO. | то тне | PLAT THEREOF, RECO | ORDED |
| | | | red by a Decedent's Personal | |
| 6a. Check only if applicable and check only one box: | | _ ` ` ` | f applicable and check only or | |
| Public-Finance Transaction Manufactured-Home Transaction 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor | A Debtor is a Transmitting Utility Consignee/Consignor Seller/Buyer | | tural Lien Non-UCC | Filing see/Licensor |
| 8. OPTIONAL FILER REFERENCE DATA: | two- | 88 | Licens Licens | 200/Eledi I20I |
| Acct # 2407209899 FIX | Skagit | | | |

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1s or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Dillman FIRST PERSONAL NAME David 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) 10c. MAILING ADDRESS POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME of 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) 11c. MAILING ADDRESS STATE CITY POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X 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 16. Description of real estate: County of: Skagit David Dillman and Candace Dillman Address: 305 Longtime Ln, Sedro Woolley, WA, 98284 APN: 47790000160000 (0.4500 AC) LOT 16, PLAT OF ANKNEY HEIGHTS, ACCORDING TO THE PLAT THEREOF, RECORDED AUGUST 23, 2001, UNDER AUDITORS FILE NO.

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

17. MISCELLANEOUS: FIX