



202510030084

10/03/2025 01:36 PM Pages: 1 of 2 Fees: \$304.50 Skagit County Auditor

Record at the request of ar when recorded return 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)
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 [] 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: Doyle
FIRST PERSONAL NAME: Elizabeth
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
1c. MAILING ADDRESS: 630 BUCKO AVE
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: McMahan
FIRST PERSONAL NAME: Joshua
ADDITIONAL NAME(S)/INITIAL(S)
SUFFIX
2c. MAILING ADDRESS: 630 BUCKO AVE
CITY: SEDRO WOOLLEY
STATE: WA
POSTAL CODE: 98284
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 debtors right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Storage/Battery Equipment (if any), including but not limited to rooftop solar panels, solar roofing materials, wall mounted batteries, stand alone batteries, inverters, cables and wires, support brackets, roof mounted or ground mounted racking systems, related equipment, and additions or replacements of the same. In addition, the security interest includes all warranties issued with respect to the referenced collateral

(0.1381 AC) LOT 8, PLAT OF BUCKO ESTATES, PHASE 1, RECORDED UNDER AF#202307280154, LOCATED IN NE1/4 SECTION 23, TOWNSHIP 35 N

61010000080000

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: [] Public-Finance Transaction [] Manufactured-Home Transaction [] A Debtor Is a Transmitting Utility
6b. Check only if applicable and check only one box: [] Agricultural Lien [] Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): [] Lessee/Lessor [] Consignee/Consignor [] Seller/Buyer [] Bailee/Bailor [] Licensee/Licenser
8. OPTIONAL FILER REFERENCE DATA: Acct # 2515032406 FIX SKAGIT

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 <input type="checkbox"/> | |
| 9a. ORGANIZATION'S NAME | |
| OR | |
| 9b. INDIVIDUAL'S SURNAME Doyle | |
| FIRST PERSONAL NAME Elizabeth | |
| 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. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) | 14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> 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): Elizabeth Doyle and Joshua McMahan | 16. Description of real estate: County of: SKAGIT Address: 630 BUCKO AVE, SEDRO WOOLLEY, WA, 98284 APN: 61010000080000 (0.1381 AC) LOT 8, PLAT OF BUCKO ESTATES, PHASE 1, RECORDED UNDER AF#202307280154, LOCATED IN NE1/4 SECTION 23, TOWNSHIP 35 N |
| 17. MISCELLANEOUS: FIX | |