

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

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)				
B. E-MAIL CONTACT AT SUBMITTER (optional) filings@goodleapsupport.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">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	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202508200013			1b. <input checked="" type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer, attach Amendment Addendum (Form UCC3A9) and provide Debtor's name in item 13. 08/20/2025	
2. <input checked="" type="checkbox"/> TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party(ies) authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT Provide name of Assignee in item 7a or 7b and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete item 7 and 9; check ASSIGN Collateral box in item 8 and describe the affected collateral in item 8.				
4. <input type="checkbox"/> CONTINUATION Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.				
5. PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. AND Check <u>one</u> of these three boxes to: This Change affects: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b and item 7a or 7b and item 7c. <input type="checkbox"/> ADD name: Complete item 7a or 7b and item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b.				
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only <u>one</u> name (6a or 6b): 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S SURNAME: Woods FIRST PERSONAL NAME: Jared ADDITIONAL NAME(S)/INITIAL(S): SUFFIX:				
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME: INDIVIDUAL'S FIRST PERSONAL NAME: INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S): SUFFIX:				
7c. MAILING ADDRESS: CITY: STATE: POSTAL CODE: COUNTRY:				
8. COLLATERAL CHANGE: Check only <u>one</u> box: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral. Indicate collateral. *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8.				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR check here <input type="checkbox"/> and provide name of authorizing Debtor. 9a. ORGANIZATION'S NAME: GoodLeap, LLC OR 9b. INDIVIDUAL'S SURNAME: FIRST PERSONAL NAME: ADDITIONAL NAME(S)/INITIAL(S): SUFFIX:				
10. OPTIONAL FILER REFERENCE DATA: 2509027685 TERM: Jared Woods and Mary Woods				

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 202508200013 08/20/2025			
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form			
12a. ORGANIZATION'S NAME GoodLeap,LLC			
OR			
12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see instruction item 13). Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see instructions if name does not fit			
13a. ORGANIZATION'S NAME			
OR			
13b. INDIVIDUAL'S SURNAME Woods		FIRST PERSONAL NAME Jared	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX
14. ADDITIONAL SPACE FOR (CHECK ONE BOX) <input type="checkbox"/> ITEM 6 (Collateral) OR <input type="checkbox"/> OTHER INFORMATION (Please Describe)			

15. This FINANCING STATEMENT AMENDMENT <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	17. Description of real estate 908 VERA CT, MOUNT VERNON, WA, 98273 COUNTY SKAGIT APN 45780000330002 LOT 33, PLAT OF BRITTWOOD, AS PER PLAT RECORDED IN VOLUME 15 OF PLATS, PAGES 31 AND 32, RECORDS OF SKAGIT COUNTY, WASHINGTON
16. Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest) Jared Woods and Mary Woods	
18. MISCELLANEOUS:	