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[REDACTED]
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Record at the request of and
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

13801423
10/18/2021 04:44 PM \$40.00
Book - 11255 Pg - 7836-7838
RASHELLE HOBBS
RECODER, SALT LAKE COUNTY, UTAH
GOODLEAP ATTN: UCC FILINGS
PO BOX 981440
EL PASO TX 79998-1440
BY: CBA, DEPUTY - MA 3 P.

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 Joseph	FIRST PERSONAL NAME June	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 9908 S Florence Way	CITY SOUTH JORDAN	STATE UT	POSTAL CODE 84095-8807	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

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3b. INDIVIDUAL'S SURNAME	CITY	STATE	POSTAL CODE	COUNTRY USA
3c. MAILING ADDRESS 8781 Sierra College Boulevard	Roseville	CA	95746	

4. COLLATERAL: This financing statement covers the following collateral:

All of the debtor's 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.

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 Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

Acct # 2114059524

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

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME Joseph	
FIRST PERSONAL NAME June	
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
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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. 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 (if Debtor does not have a record interest):

June Joseph

16. Description of real estate:

County of: SALT LAKE

Address of
Real Estate: 9908 S Florence Way, SOUTH JORDAN, UT, 84095-8807

APN: 27114020150000

See Exhibit A

17. MISCELLANEOUS:

EXHIBIT A

Legal Description

COM 75.25 RDS N & 102 RDS E & S 89³⁹' E 958.47 FT & N 0^{05'05"} W 206.26 FT & NE'LY ALG CURVE TO LEFT 149.48 FT & N 40^{58'31"} E 88.202 FT & NE'LY ALG CURVE TO RIGHT 277.59 FT & S 62^{22'} E 25 FT & N 27^{38'} E 79.185 FT FR SW COR SEC 11 T3SR1W SL MER N 60^{16'47"} W 238 FT M OR L N 29^{43'} E 90 FT M OR L S 60^{16'47"} E 234 FT M OR L S 27^{38'} W 90.06 FT TO BEG LESS STREET 0.38 AC 5727-1188 6008-1737

UT_Salt Lake_Joseph