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

CC FINANCING STATEMENT DLLOW INSTRUCTIONS	13921020 B		: 2904 Total	Pages: 2
. NAME & PHONE OF CONTACT AT FILER (optional)	03/29/2022 09 FINST - FINAN Rashelle Hobb	ICE STATEME	: zjorgensen Fe NT , Salt Lake Coun 998144	T
B. E-MAIL CONTACT AT FILER (optional)	PO BOX 981440EL	PASO, TX 79	998144	
filings@goodleapsupport.com	: 			
. SEND ACKNOWLEDGMENT TO: (Name and Address)				מריוור זונו
	i			•
GoodLeap, LLC	[]			
PO Box # 981440				
El Paso, TX 79998- 1440			•	
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	THE ABO	WE SDACE IS E	OR FILING OFFICE USE	^
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b)	(use exact, full name; do not omit, modify, or abbreviate a	ny part of the Dobte	OR FILING OFFICE USE	UNLY
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in item 1	of the Financing S	r s name); if any part of the I tatement Addendum (Form U	ndividual Debtor's CC1Ad)
1a. ORGANIZATION'S NAME			,	
At Manual Control				
I ID. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
Ogden	Devon		`	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
923 w muirkirk rd	West Jordan	UT	84081	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	(use exact, full name; do not omit, modify, or abbreviate a and provide the Individual Debtor information in item 10	ny part of the Debto) of the Financing S	r's name); if any part of the Ir latement Addendum (Form U	dividual Debtor's CC1Ad)
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	· Laborate		,
Ogden	Brenda	ADDITIC	ADDITIONAL NAME(S)/INITIAL(S) SUFF	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	0011117014
923 w muirkirk rd	West Jordan	UT	84081	COUNTRY
743 W MUNIKIIK IU			101001	
			 	<u></u>
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS 3a. ORGANIZATION'S NAME))	
SECURED PARTY'S NAME (or NAME of ASSIGNEE			(2)	
SECURED PARTY'S NAME (or NAME of ASSIGNEE		Party name (3a or 3l	NAL NAME(S)/INITIAL(S)	SUFFIX
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS 3a. ORGANIZATION'S NAME GoodLeap, LLC	SIGNOR SECURED PARTY): Provide only <u>one</u> Secured I	Party name (3a or 3l	NAL NAME(S)/INITIAL(S)	
SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNE	SIGNOR SECURED PARTY): Provide only one Secured I	Party name (3a or 3l		SUFFIX

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.

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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 <u>only</u> if applicable and check <u>only</u> 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/But	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 1916010494	

UCC FINANCING STATEMENT ADDENDUM

FOLLÓW 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 9b. INDIVIDUAL'S SURNAME Ogden FIRST PERSONAL NAME Devon ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10á 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 malling address in line 10c 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 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) SUFFIX 11c. MAILING ADDRESS 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: (if Debtor does not have a record interest): County of: Salt Lake Devon Ogden and Brenda Ogden Address of Real Estate: 4923 w muirkirk rd, West Jordan, UT, 84081 APN: 20364790090000 LOT 212, JORDAN HIGHLANDS #3. 5456-2331 5478-1812 6430-0530 8506-3819 9095-8689 17. MISCELLANEOUS: