	Record at the request of and when recorded return to: GoodLeap, LLC			
OLLOW INSTRUCTIONS		* W3173607*		
A. NAME & PHONE OF CONTACT AT FILER (option	nal)			
		E# 3173607 PC		
3. E-MAIL CONTACT AT FILER (optional)		LEANN H KILTS, WEBER (
filings@goodleapsupport.com		05-AUG-21 209 PM FER	E \$40.00 DEP	
C. SEND ACKNOWLEDGMENT TO: (Name and A	ddress)	REC FOR: GOODLEAP		
	71			
GoodLeap, LLC	' 1			
PO Box # 981440				
El Paso, TX 79998- 1440				
	i 1			
		E ABOVE SPACE IS FOR FILING OFFICE U		
 DEBTOR'S NAME: Provide only one Debtor name (name will not fit in line 1b, leave all of item 1 blank, check 	1a or 1b) (use exact, full name; do not omit, modify, or abbre	eviate any part of the Debtor's name); if any part of t item 10 of the Financing Statement Addendum (For		
1a. ORGANIZATION'S NAME	And provide the intributa beattly unanimation in	tient 10 of the Financing Statement Addenount to		
IS. URGANIZATION'S NAME				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(
	1, 1,12. 1 2,124.11.12.10.11.12		S) SUFFIX	
	Randy		S) SUFFIX	
Hughes	Randy	STATE POSTAL CODE	S) SUFFIX	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

SUFFIX

COUNTRY

USA

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

95746

STATE

CA

8781 Sierra College Boulevard 4, COLLATERAL: This financing statement covers the following collateral:

3a. ORGANIZATION'S NAME GoodLeap, LLC OR 3b. INDIVIDUAL'S SURNAME

3c. MAILING ADDRESS

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.

Roseville

FIRST PERSONAL NAME

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/But	yer Bailee/Bailtor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Acct # 2113043357	

UCC FINANCING STATEMENT ADDENDUM

ecause Individual Debtor name did not fit, check here	line 1b was left blank			
9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
Hughes				
FIRST PERSONAL NAME Randy				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		IE ABOVE SPACE I	S FOR FILING OFFIC	E USE ONL
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	Debtor name that did not fit in line 1b c ailing address in line 10c	or 2b of the Financing S	tatement (Form UCC1) (use exact, full r
10a, ORGANIZATION'S NAME		-		
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			<u>-</u>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		 .		SUFFIX
MAILING ADDRESS	CITY	STATE	PÖSTAL CODE	COUNT
	<u> </u>		ļ	
	OR SECURED PARTY'S NAM	E: Provide only one na	ime (1 1a or 11b)	
	<u> </u>			
11a. ORGANIZATION'S NAME				
	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S	SUFFIX
11a. ORGANIZATION'S NAME		ADDITIO	NAL NAME(S)/INITIAL(S	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME			
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			COUNT
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME			
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME			
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME			
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME			
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME			
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAME			
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME		POSTAL CODE	
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAME CITY 14. This FINANCING STATEMENT:	STATE	POSTAL CODE	COUNT
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAME CITY 14. This FINANCING STATEMENT: covers timber to be cut	STATE	POSTAL CODE	COUNT
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	FIRST PERSONAL NAME CITY 14. This FINANCING STATEMENT: covers timber to be cut 16. Description of real estate:	STATE	POSTAL CODE	COUNT
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