CC FINANCING STATEMENT LLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)	ANDREA ALL	D22 PG 1 of EN Y RECOR FEE 40.00 BY K AP OPERATING AC
E-MAIL CONTACT AT FILER (optional)			
filings@goodleapsupport.com	i i		
SEND ACKNOWLEDGMENT TO: (Name and Addr	ess)	•	
	7		
GoodLeap, LLC	' !		
PO Box # 981440			
El Paso, TX 79998- 1440			
		E ABOVE SPACE IS FOR FILING OFFICE U	ISE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a o			
name will not fit in line 1b, leave all of item 1 blank, check he	re and provide the Individual Debtor information in	item 10 of the Financing Statement Addendum (For	rm UCC1Ad)
1a. ORGANIZATION'S NAME			
1b. INDIVIDUAL'S SURNAME			
Boyle	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MAILING ADDRESS	Joseph	STATE POSTAL CODE	COUNTRY
515 W Maple Shade Dr	Lindon	UT 84042-1248	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a.o.	r 2h) (use exact full name: do not omit modify or abbro	winto any and of the Dahter's asmall if any neet of t	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a o name will not fit in line 2b, leave all of item 2 blank, check he	r 2b) (use exact, full name; do not omit, modify, or abbre re and provide the Individual Debtor information in	iviate any part of the Debtor's name); if any part of t item 10 of the Financing Statement Addendum (For	the Individual Debtor's rm UCC1Ad)
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name will not fit in line 2b, leave all of item 2 blank, check he 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Boyle	re and provide the Individual Debtor information in	item 10 of the Financing Statement Addendum (For	rm UCC1Ad)
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Boyle MAILING ADDRESS	FIRST PERSONAL NAME Hannah CITY	ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Boyle MAILING ADDRESS 515 W Maple Shade Dr	FIRST PERSONAL NAME Hannah CITY Lindon	ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE UT 84042-1248	rm UCC1Ad) S) SUFFIX
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Boyle MAILING ADDRESS 515 W Maple Shade Dr SECURED PARTY'S NAME (or NAME of ASSIGNEE)	FIRST PERSONAL NAME Hannah CITY Lindon	ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE UT 84042-1248	S) SUFFIX COUNTRY
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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 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 Non-UCC Filling Agricultural Lien 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: Acct # 2005020406

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 9b. INDIVIDUAL'S SURNAME Boyle FIRST PERSONAL NAME Joseph ADDITIONAL NAME(S)/INITIAL(S) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only gog name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 11c. MAILING ADDRESS CITY STATE 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 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) 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: UTAH Joseph Boyle and Hannah Boyle Address of

Real Estate: 1515 W Maple Shade Dr, Lindon, UT, 84042-1248

LOT 224, PLAT B, ANDERSON FARMS SUB AREA 0.157 AC.

APN: 346250224

UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

17. MISCELLANEOUS: