Record at the re when recorded 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)	return to:			AY 02, 2025 02: ECRETARY OF	
GoodLeap, LLC PO Box # 981440 El Paso, TX 79998- 1440		THE ABOVE S	PACE IS FO	R FILING OFFICE	
1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, fundame will not fit in line 1b, leave all of item 1 blank, check here and provide and provide the statement of the statem			f the Debtor's n	iame); if any part of th	ne indivídual Debtor's
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME Jensen	FIRST PERSONAL Jamey		ADDITIONAL NAME(S)/INITIAL(S) SU		(S) SUFFIX
1c. MAILING ADDRESS 934 NE 80TH AVE	CITY		STATE OR	POSTAL CODE 97213	
2. DEBTOR'S NAME – Provide only <u>one</u> debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 1 blank, check here and prov 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS		tor information in item 10 of the	Financing Stat		orm UCC1Ad)
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECT 3a. ORGANIZATION'S NAME	JRED PARTY): Provid	te only one Secured Party name	ne (3a or 3b)	· · · · · · · · · · · · · · · · · · ·	
OR GoodLeap,LLC 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(S)/INITIAL(S)		
3c. MAILING ADDRESS 8781 Sierra College Boulevard	CITY Roseville		CA	POSTAL CODE 95661	COUNTRY USA
6. Check only if applicable and check only one box: Public-Finance Transaction A Debtor is a Transaction	ement describ s, attachment rranty claims reement; (e) a ny operations tion of such g ach goods and st (see UCC1Ad, item	ed in the Loan Agi s, accessories, tool related to such goo all agreements and and maintenance a goods, including an l any other paymer	reement b s, parts, s ods; (d) su other doo agreemen by paymen nt receive being administe	between Secu supplies, repl such Home In cumentation t; (f) all cons nt received fi d as a result red by a Decedent's	ared Party and acements of and provement relating to such ideration rom any insurer of possessing Personal Representative
7. ALTERNATIVE DESIGNATION [If applicable]: Lessee/Lessor C 8. OPTIONAL FILER REFERENCE DATA 2506008761	Consignee/Consignor	Seller/Buyer	Bailee/		Licensee/Licensor

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