APN: 01121029							
GoodLeap, LLC Re			Rec: Total	ICOLN COUNTY, NV 2021-161101 c:\$62.00 09/13/2021 02:16 PM ODLEAP, LLC			
FOLLOW INSTRUCTIONS						Pgs=2 KC	
A. NAME & PHONE OF CONTACT AT FILER (optional)					H ara iadhai an ing iar		
B. E-MAIL CONTACT AT FILER (optional)				77002024		14	
filings@goodleapsupport.com					71611010020022		
C. SEND ACKNOWLEDGMENT TO: (Name and	a Address)	_		IAL RECO LMER, RE		7	
GoodLeap, LLC PO Box # 981440 El Paso, TX 79998- 1440		i			CORDER		
1		,		Name of the last o			
 			THE ABOV	E SPACE IS	FOR FILING OFFICE US	E ONLY	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name name will not fit in line 1b, leave all of item 1 blank, cl		name; do not omit, mo	dify, or abbreviate any nformation in item 10 c	part of the De of the Financing	btor's name); if any part of the Statement Addendum (Form	e Individual Debtor's LUCC1Ad)	
1a. ORGANIZATION'S NAME				. \			
OR 1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL I	NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX	
Jensen		Whitnee) []			
1c. MAILING ADDRESS		CITY		STAT	l .	COUNTRY	
40 Quails Nest Rd		Alamo					
 DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, cl 		name; do not omit, mo the Individual Debtor i	dify, or abbreviate any nformation in item 10 o	part of the De of the Financing	btor's name); if any part of th g Statement Addendum (Forn	i UCC1Ad)	
2a. ORGANIZATION'S NAME			$\overline{}$				
OR		The state of the s		.		Talle III	
2b. INDIVIDUAL'S SURNAME Jensen		Bruce	NAME	ADDI	TIONAL NAME(S)/INITIAL(S	SUFFIX	
2c. MAILING ADDRESS		CITY		STAT	E POSTAL CODE	COUNTRY	
40 Quails Nest Rd		Alamo	/	N	89001	USA	
3. SECURED PARTY'S NAME (or NAME of ASS	IGNEE of ASSIGNOR SEC	JRED PARTY): Provid	e only <u>one</u> Secured Pa	arty name (3a c	r 3b)		
3a. ORGANIZATION'S NAME GoodLeap, LLC		/	\				
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL I	NAME	ADDI	TIONAL NAME(S)/INITIAL(S) SUFFIX	
3c. MAILING ADDRESS		CITY	/	STAT	į	COUNTRY	
8781 Sierra College Boulevard 4. COLLATERAL: This financing statement covers the	o following colletoral:	Roseville		CA	95746		
All of the debtor's right, title an Equipment (If any), including the stand alone batteries, inverters, systems, related equipment, and warranties issued with respect to	out not limited to cables and wires, d additions or rep	rooftop solar p support brack lacements of t	oanels, solar ro ets, roof mou	oofing ma nted or gr	terials, wall moun ound mounted rac	ted batteries, cking	
5. Check only if applicable and check only one box: Coll	ateral is hold in a True	(see UCC1Ad, item 17	and Instructions)	being admir	nistered by a Decedent's Per	sonal Representative	
6a. Check only if applicable and check only one box:	Color is Cherrie 1102	, 1000 OOO IAG, IIOIII II			nly if applicable and check o		
	tured-Home Transaction	A Debtor is a	ransmitting Utility	Ag		CC Filing	
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Bu	iyer	Ballee/Bailor L	icensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: Acct # 2101044078		, 					

9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Jensen First Personal Name Whitnee ADDITIONAL NAME(S)/INITIAL(S) 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 of the control of the co	DLLOW INSTRUCTIONS NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen	it; if line 1b was left blank	1 \	
Suffix	because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME		\ \	
Suffix			\ \	
Whitnee ADDITIONAL NAME(SYNITIAL(S) DEBTOR'S NAME: Provide (1da or 10b) only ong additional Dobtor name or Debtor name to the did not fifth line to or 20 of the Enancing Statement (Form UCC1) (use toward, full nation of or ord mit, modify, or abservate any port of the Debtor's name) and enter the mailing address in line (foc.) 102. ORGANIZATION'S NAME 105. NIDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S) 106. NIDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S) 107. MAILING ADDRESS 108. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11t) 111. ORGANIZATION'S NAME 110. INDIVIDUAL'S SURNAME 111. INDIVIDUAL'S SURNAME 111. INDIVIDUAL'S SURNAME 112. ORGANIZATION'S NAME 113. ORGANIZATION'S NAME 114. This FIRANCING STATEMENT is to be filed [for record of or recorded] in the REAL ESTATE RECORDS (if applicable) 125. ADDITIONAL SPACE FOR ITEM 4 (Collisteral): 126. Description of real estates. 127. This FIRANCING STATEMENT is to be filed [for record of or recorded] in the Organization of the second inches as excent inches. 108. Oversignion of real estates. 109. Oversignion of real estates. 119. Oversignion of real estates. 129. Oversignion of real estates. 130. Application of real estates. 140. Oversignion of real estates. 150. Oversignion of real estates. 151. Oversignion of real estates. 151. Oversignion of real estates.	1 _			
ADDITIONAL NAME(SYINITIAL(S) D. DEBTOR'S NAME: Provide (10a or 10b) only ggs additional Debtor name or Debtor	FIRST PERSONAL NAME			
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not first line 6b or 2b of the Enancing Statement (Form UCC1) (assignant, full new on not with, modify, or aboverable any part of the Debtor's name) and enter the mailing address in line, flor 10a, ORGANIZATION'S NAME 10b, INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)(INITIAL(S)) C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11a, ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11b, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)(INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY ADDITIONAL SPACE FOR ITEM 4 (Collateral); ADDITIONAL SPACE FOR ITEM 4 (Collateral); In a FINANCING STATEMENT is to be find (for recorded) in the 14, This FINANCING STATEMENT: Covers timber to be cut Covers timber to be		SUFFIX		
to not amit, motify, or abbreviate any part of the Debtor's name) and enter the mailling address in line (10c 10a. ORGANIZATION'S NAME				
Tob. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11a. ORGANIZATION'S NAME RILL INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL SPACE FOR ITEM 4 (Collatoral): C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY 14. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the Control of the Country of the Cou	 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter th 	e or Debtor name that did not fit in he mailing address in line 10c	n line 1b or 2b of the Financing Statement (Form UCC1) (L	ise exact, full nam
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S/INITIAL(S) C. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME ADDITIONAL SECURED PARTY'S NAME TITAL ORGANIZATION'S NAME TITAL ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY ADDITIONAL SPACE FOR ITEM 4 (Collateral); THIS FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in Item 16 (if Disbror does not have a record interest): Vinitace Jensen and Bruce Jensen Address of Real Estate: 40 Qualis Nest Rd, Alamo, NV, 89001 APN: 01121029	10a. ORGANIZATION'S NAME	/ /	1	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S) INDIVIDUAL'S ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ITIS. ORGANIZATION'S NAME ITIS. INDIVIDUAL'S SURNAME ITIS. INDIVID	10b. INDIVIDUAL'S SURNAME	1)	
E. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11a. ORGANIZATION'S NAME TID. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed for recorded in the ReAL ESTATE RECORDS (if applicable) This FINANCING STATEMENT is to be filed for recorded in them 16 (if Obborr does not have a record interest): Country of: LINCOLN Address of Real Estate: 40 Qualis Nest Rd, Alamo, NV, 89001 APN: 01121029	INDIVIDUAL'S FIRST PERSONAL NAME		_/_/	
ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX CITY STATE POSTAL CODE COUNTRY ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed (for record) (or recorded) in the covers timber to be cut covers as-extracted collateral is filed as a fixture filing Name and address of a RECORD WINER of real estate described in Item 16 (if Debtor does not have a record interest): County of: LINCOLN Address of Real Estate: 40 Qualis Nest Rd, Alamo, NV, 89001 APN: 01121029	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	——————————————————————————————————————	V /	SUFFIX
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c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): It is financing statement is to be filed (for record) (or recorded) in the Real Estate RECORDS (if applicable) Solvent and address of a RECORD OWNER of real estate described in Item 16 (if Debter does not have a record interest): County of: LINCOLN Address of Real Estate: 40 Quails Nest Rd, Alamo, NV, 89001 APN: 01121029	11a. ORGANIZATION'S NAME			
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 3. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 5. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest): Whitnee Jensen and Bruce Jensen 16. Description of real estate: County of: LINCOLN Address of Real Estate: 40 Quaits Nest Rd, Alamo, NV, 89001 APN: 01121029	11b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
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County of: LINCOLN Address of Real Estate: 40 Quaiis Nest Rd, Alamo, NV, 89001 APN: 01121029				<u> </u>
Real Estate: 40 Quails Nest Rd, Alamo, NV, 89001 APN: 01121029		County of: LIN	COLN	
		Address of Real Estate: 40 Qu	uaiis Nest Rd, Alamo, NV, 89001	
PCL 4C COMER AMENDED MAP C/390		APN: 0112	21029	
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