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Record at the request of and when recorded return to: 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)	
<u> </u>	\neg
GoodLeap, LLC	t
PO Box # 981440	
El Paso, TX 749.78- 1440	

2232749006

Doc# 2232749006 Fee \$93.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/23/2022 09:30 AM PG: 1 OF 3

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide on / gn Debtor name (1a or 1b) (uname will not fit in line 1b, leave all or us 1) lank, check here				
1a. ORGANIZATION'S NAME		, ,		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
Young	Charles			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
122 West 83Rd Street	Chicago	IL	60620	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (uname will not fit in line 2b, leave all of item 2 blank, check here	ise () / (" name; do not omit, modify, or abbreviate and pr widr the Individual Debtor Information in item	any part of the Debtor's	s name); if any part of the Ir tement Addendum (Form U	ndividual Debtor's CC1Ad)
2a. ORGANIZATION'S NAME	70			
2b. INDIVIDUAL'S SURNAME	FIRST PF (SCNAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS	IGNOR SECURED PARTY): Provide only one Section	Party name (3a or 3b))	
3a, ORGANIZATION'S NAME				
GoodLeap, LLC				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
8781 Sierra College Boulevard	Roseville	Ç _A	95746	USA
A COLLATERAL: This financing statement covers the following coll	oteral:		/ -	

All of the debtors right, title and interest in the Photovoltaic Solar Energy Equipment or Energy Sociage/Battery Equipment (If any), including but not limited to rooftop solar panels, solar roofing materials, wall rounted 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 Instruction	s) 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	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Set	ller/Buyer Bailee/Ballor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Acct # 2002031428	S <u>√</u> -1
UCC FINANCING STATEMENT (Form UCC1) (Rev. (04/20/11) SC

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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				1
		_		
9b. INDIVIDUAL'S SURNAME		1		
Young				
FIRST PERSONAL 'AN'E				
Charles		_		
ADDITIONAL NAME(S)/IN', HA' (S)	SUFFIX			
			SPACE IS FOR FILING OFFICE	
DEBTOR'S NAME: Provide (10a (1,0)) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	r Debtor name that did not f nailing address in line 10c	it in line 1b or 2b of the	Financing Statement (Form UCC1) (use	e exact, full nar
10a. ORGANIZATION'S NAME				
IGE GROWNE THE TOTAL				
10b, INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	_			SUFFIX
				2011170
MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTR
	OR SECUPED PAR	TY'S NAME: Provide	only <u>one</u> name (11a or 11b)	
11a. ORGANIZATION'S NAME	'/);	ζ,		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	<u> </u>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
TID, MOIVIDORES SURVAME	, , , , , , , , , , , , , , , , , , , ,			
MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):		$\overline{}$		
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			Office	
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This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING ST	_	0	
REAL ESTATE RECORDS (if applicable)	covers timber to	be cut covers as	-extracted collateral X is filed as	a fixture fili
REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16	covers timber to	be cut covers as	0	a fixture fili
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):	covers timber to	be cut covers as	0	a fixture fili
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):	covers timber to 16. Description of real es County of: Co	be cut covers as	0	a fixture fili
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):	County of: CO	be cut covers as late: OOK	-extracted collateral X is filed as	a fixture fili
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):	County of: CO	be cut covers as	-extracted collateral X is filed as	a fixture fili
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): paries Young	County of: County of Real Estate: 122	be cut covers as late: OOK West 83Rd Street, 6	e-extracted collateral X is filed as	a fixture fili
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EXHIBITS-A

LOT 24 IN BEOCK 4 IN MOINTOSH BROTHERS LASALLE STREET SUBDIVISION IN THE EAST 1/2 OF SECTION 33. TOWNSHIP 38 NORTHER ANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLEINOIS.

IL_COOK_YOUNG

beny of Cook County Clerk's Office