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Record at the request of and when recorded return to: GoodLeap, LLC



Doc# 2307406354 Fee \$93.00

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) GoodLeap, LLC PO Box # 981440 | |
| El Paso, TX 79928- 1440 | |

| RHSP | FEE:\$9.00 | RPRF | FEE: | \$1.00 | |
|-------|-------------|-------|---------|--------|--|
| KAREN | A. YARBRO | DUGH | | | |
| соок | COUNTY CLE | RK | | | |
| DATE. | 09.115.1705 | 12 62 | - CO DI | | |

| filings@goodleapsupport.com | | DATE: 0 | 3/15/2023 02:50 P | M PG: 1 OF |
|--|---|---------------------------------------|---|-------------------|
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | · · · |
| | ¬ | | • | |
| GoodLeap, LLC | · | | | |
| PO Box # 981440 | | | | |
| El Paso, TX 79998- 1440 | | | | |
| | | | | |
| | THE | ABOVE SPACE IS FO | R FILING OFFICE USE | ONLY |
| I, DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex | • | • • | | |
| | provide the Individual Debtor Information in i | tem 10 of the Financing St | atement Accendum (Form C | |
| ia. ORGANIZATION'S NAME | | | | |
| DR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(SVINITIAL(S) | SUFFIX |
| Garcia | Nicolas | , , , , , , , , , , , , , , , , , , , | in the translation from the translation | 00.110 |
| Ic. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 3005 S Kedvale Ave | Chicago | IL | 60623 | USA |
| | | | | |
| DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use example will not fit in line 2b, leave all of item 2 blank, check here and | act full name; do not omit, modify, or abbrever provide the Individual Debtor information in i | | | |
| 2a. ORGANIZATION'S NAME | 515 135 TO TRAINING DEDICT INTOMISSION INT | To or the chancing of | atomerit Addendann fr Oliff O | |
| 28. ORGANIZATION 5 NAME | | | | |
| DR 2b. INDIVIDUAL'S SURNAME | FIRS) OCRSONAL NAME | LADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| ZB. INDIVIDUAL S SURMAME | FIRST LA C VAL HAIVIE | ADDITIO | HAE HAINE(S)HRITIAL(S) | JOFFIX |
| Cc. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| o, milette neglices | 70x | J | | USA |
| OF OUDED BADTING MANE | | | | |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME | R SECURED PARTY): Provide only ne Sei | cured Party name (3a or 3b | | |
| GoodLeap, LLC | | | | |
| OR 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | ,,,,,, | |
| L Ic. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 9791 Sierra Cailoga Baulayard | Roseville | 68 | 95746 | USA |
| 8781 Sierra College Boulevard COLLATERAL: This financing statement covers the following collateral: | <u> </u> | į Co | 73740 | |
| . COLEATERAL. This illiancing statement covers the following collateral. | | | U ₂ C ₂ | |
| all of the debtors right, title and interest in the P. | hotovoltaic Solar Energy Ec | quipment or Ener | gy Storage/Batter | у |
| equipment (If any), including but not limited to | rooftop solar panels, solar ro | ofing materials, | wall ruc unted bat | teries, |
| tand alone batteries, inverters, cables and wires, | support brackets, roof mou | nted or ground m | nounted racking sy | ystems, |
| elated equipment, and additions or replacements | | | | |
| ssued with respect to the referenced collateral | • | , , | | D 7 |
| and with topic to the formation | | | | تدح |
| | | | | C \ |
| | • | | | <u>`</u> |
| | | | | SC |
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| | | | | INT |
| | | | | 41.41 |
| | , | | | |
| . Check only if applicable and check only one box: Collateral is held in | a Trust (see UCC1Ad, item 17 and Instructio | ins) being administe | red by a Decedent's Person | al Representative |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: | | 6b. Check <u>only</u> i | f applicable and check <u>only</u> | one box: |

| 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 Fiting |
| 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy | er Bailee/Ballor Licensee/Licensor |
| 8, OPTIONAL FILER REFERENCE DATA: | |
| Acct # 2213109963 | |

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UCC FINANCING STATEMENT ADDENDUM

| FOLLOW INSTRUCTIONS | | | | | | • |
|--|---------------------------|--------------|-----------------|-------------------|---------------------------|----------------------|
| NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here | if line 1b was left blank | | | | | |
| 9a. ORGANIZATION'S NAME | | - | | | | |
| | | | | | | |
| | | | | | | |
| OR 95. INDIVIDUAL'S SURNAME | | | | | | |
| Garcia FIRST PERSONAL N. A. F | | | | | | |
| Nicolas | | | | | | |
| ADDITIONAL NAME(S,/INT.Ac.(S) | SUFFIX | | | | | |
| 40 DERTOR'S MAKE D. HAW. | - Dahta that did a | | | | S FOR FILING OFFICE | |
| DEBTOR'S NAME: Provide (10a o' 10b only one additional Debtor name do not omit, modify, or abbreviate any part of "ne Dobtor's name) and enter the | | | r 2b of the Fir | nancing S | itatement (Form UUC1) (ui | se exact, full name; |
| 10a. ORGANIZATION'S NAME | | | | | | |
| OR 10b. INDIVIDUAL'S SURNAME | | | | | | |
| ISS. INSTANCES SOFTIME | | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | | SUFFIX |
| | 4 | | | | | |
| 10c. MAILING ADDRESS | CITY | | | STATE | POSTAL CODE | COUNTRY |
| | 100.050 | DT100 | | | 1 | <u> </u> |
| 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGN | NOR SECURED PA | RIY'S NAME | : Provide or | ily <u>one</u> na | ime (11a or 11b) | |
| OR THE INDESTRUCTION OF SUPPLIANT | | <u> </u> | | | | |
| 11b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NA | ME | | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| 11c. MAILING ADDRESS | CITY | | | STATE | POSTAL CODE | COUNTRY |
| | | | (Q _A | | | |
| 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | | | 1 | -/ | | |
| | | | | 2 | | |
| | | | | (| \bigcirc | |
| | | | | | 1/sico | |
| | | | | | C ₀ | |
| | | | | | 6 | |
| 13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) | 14. This FINANCING | _ | covers as-e | viracted o | collateral 🔲 is filed as | a fixtura filina |
| 15. Name and address of a RECORD OWNER of real estate described in item 16 | 16. Description of real | | 1 004012 03-0 | All acted to | Collection 2 1000 as | a natore many |
| (if Debtor does not have a record interest): Nicolas Garcia | County of: (| Cook | | | | |
| INICOTAS GAICIA | | | | | | |
| | Address of Real Estate: 3 | 005 S Kedval | e Ave, Chic | ago, IL, | , 60623 | |
| | | | | | | |
| | APN: 1 | 6274290 | 03 | | | |
| | SEE EXHIBIT A | Λ. | | | | |
| | | | | | | - |
| | | | | | | |
| 17. MISCELLANEOUS: | | | | | | |

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EXHIBIT A

Legal Description

LAND SITUATED IN THE CITY OF CHICAGO, COUNTY OF COOK, STATE OF ILLINOIS, AND DESCIBED AS FOLLOWS:

LOTS 45 AND 46IN BLOCK 14 IN MCMILLAN AND WETMORE'S FOURTH ADDITION TO CHICAGO, A SUBDIVISION OF THE SOUTH ½ OF THE SOUTHEAST ¼ OF THE SOUTHEAST ¼ OF SECTION 27, TOWNSHIP 13 EAS

OF COOK COUNTY CLOTHES OFFICE 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

IL_COOK_Garcia