FILED: MAY 17, 2024 12:33 PM OREGON SECRETARY OF STATE



TEAM OREGON AUTO GRO

UCC FINANCING STATEMENT

FO	LLOW INSTRUCTIONS					
	NAME & PHONE OF CONTACT AT SUBMITTER (optional) ame: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax:	818-662-4141				
В.	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com					
C.	SEND ACKNOWLEDGMENT TO: (Name and Address) 25725 - WIDI					
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	Lien Solutions 98916 P.O. Box 29071	3644				
	Glendale, CA 91209-9071 OROR					
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Į	File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORMA	ATION —	THE ABOVE SPA	ACE IS FO	OR FILING OFFICE U	ISE ONLY
1. D	EBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full r	· · · · · · · · · · · · · · · · · · ·				
	ame will not fit in line 1b, leave all of item 1 blank, check here and provide tl		= -		* * *	
	1a. ORGANIZATION'S NAME					
	Team Oregon Auto Group LLC					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
15	17 South A St	Springfield		ОН	97477	USA
2. D	EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r	name; do not omit, modify, or a	abbreviate any part of	f the Debtor	's name); if any part of the	e Individual Debtor's
n	ame will not fit in line 2b, leave all of item 2 blank, check here 🔲 and provide t	he Individual Debtor informatio	n in item 10 of the Fi	nancing Sta	itement Addendum (Form	UCC1Ad)
	2a. ORGANIZATION'S NAME					
						•
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	Schrader	Kelly		Dean		
2c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
26	34 Wayside Ln	Springfield		OR	97477	USA
_	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU		ne Secured Party nar			100/1
J. C	3a. ORGANIZATION'S NAME	<u> </u>	io cocaros i arry nar	(00 0. 0		
	Green Coast Commercial Inc.					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3(00 Delaware ave, Ste 210	Wilmington		DE	19801	USA
	OLLATERAL: This financing statement covers the following collateral:	Williamigton		100	1 13001	TOOK
to a per ext acc of a fore cre	inventory, equipment, accounts (including but not limited to all hall promissory notes), letter-of-credit rights, letters of credit, docu formance, and general intangibles (including but not limited to a raction; all oil, gas, other minerals and accounts constituting assessories, fittings, increases, tools, parts, repairs, supplies, and ind substitutions for all or any part of the foregoing property; all records and data and embedded software reate, maintain and process any such records and data on electrow existing or hereafter arising, whether now owned or hereafter at all products and proceeds (including but not limited to all insurated).	Iments, deposit account ill software and all paym extracted collateral; all f commingled foods relati nsurance refunds relatire elating to the foregoing poinc media; and all supponacquired or whether now	s, investment pro ent intangibles); ixtures; all timbe ng to the foregoin groperty, and all e orting obligations v or hereafter sul	operty, mall oil, ga r to be cung prope ng proper equipmer relating bject to a	oney, other rights to us and other minerals ut; all attachments, a rty, and all additions ty; all good will relati ht, inventory and soft to the foregoing pro ny rights in the foregon	payment and s before ccessions, , replacements ing to the tware to utilize, perty; all whether
wh	addition, the work "Collateral" includes all the following, whether atever located:					arising, and
(b) (c)	All accessions, increases, and additions to and all replacements All products and produce of any of the property described in this All accounts, contracts rights, general intangibles, instruments, nealth-care insurance receivable), chattel paper, instruments (in	s Collateral section. monies, payments, and	All inventory, equ	uipment,	accounts (including l	but not limited to letters of credit,
5. C	heck only if applicable and check only one box. Collateral is held in a Trust	(see UCC1Ad, item 17 and I	nstructions)being	g administe	red by a Decedent's Pers	sonal Representative
6a.	Check only if applicable and check only one box:			Check <u>only</u>	if applicable and check	only one box:
	Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitt	ing Utility	Agricul	tural Lien Non-U	CC Filing
7 A		Consignee/Consignor	Seller/Buyer			censee/Licensor
_	PTIONAL FILER REFERENCE DATA:	<u> </u>	<u> </u>			
	916644 543907493					

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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 Team Oregon Auto Group LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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 OB 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) <u>or</u> 11a ORGANIZATION'S NAME OR FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11b. INDIVIDUAL'S SURNAME COUNTRY CITY POSTAL CODE 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting as-extracted collateral; all fixtures; all timber to be cut; all attachments, accessions, accessories, fittings, increases, tools, parts, repairs, supplies, and commingled foods relating to the foregoing property, and all additions, replacements of and substitutions for all or any part of the foregoing property; all insurance refunds relating to the foregoing property; all good will relating to the foregoing property; all records and data and embedded software relating to the foregoing property, and all equipment, inventory and software to utilize, create, maintain and process any such records and data on electronic media; and all supporting obligations relating to the foregoing property; all whether now existing or hereafter arising, whether now owned or hereafter acquired or whether now or hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property. 14. This FINANCING STATEMENT: 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 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):

Green Coast Commercial Inc.

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

543907493

File with: Secretary of State, OR

17. MISCELLANEOUS: 98916644-OR-0 25725 - WIDE MERCHANT GROUP,

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 Team Oregon Auto Group LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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 OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11. ADDITIONAL SECURED PARTY'S NAME 11a, ORGANIZATION'S NAME OR ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11h INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 11c MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): In addition, the work "Collateral" includes all the following, whether now owned or hereafter acquired, whether now existing or hereafter arising, and whatever located: (a) All accessions, increases, and additions to and all replacements of and substitutions for any property described above. (b) All products and produce of any of the property described in this Collateral section. (c) All accounts, contracts rights, general intangibles, instruments, monies, payments, andAll inventory, equipment, accounts (including but not limited to all health-care insurance receivable), chattel paper, instruments (including but not limited to all promissory notes), letter-of-credit rights, letters of credit, documents, deposit accounts, investment property, money, other rights to payment and performance, and general intangibles (including but not limited to all software and all payment intangibles); all oil, gas and other minerals before extraction; all oil, gas, other minerals and accounts constituting 14. This FINANCING STATEMENT: 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 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): 17. MISCELLANEOUS: 98916644-OR-0 25725 - WIDE MERCHANT GROUP, File with: Secretary of State, OR 543907493

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FOLLOW INSTRUCTIONS

	LEOW INSTRUCTIONS	· · · · · ·	-			
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; ecause Individual Debtor name did not fit, check here	if line 1b was left blank				
	9a. ORGANIZATION'S NAME		i			
	Team Oregon Auto Group LLC					
OR	9b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME		1			
	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX				
			THE A	BOVE SPACE	IS FOR FILING OF	FICE USE ONLY
	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor nam to not omit, modify, or abbreviate any part of the Debtor's name) and enter th		line 1b or 2b o	of the Financing St	atement (Form UCC1) (u	use exact, full name;
	10a. ORGANIZATION'S NAME	e maining address in line 100				
OR			•			
0.1	10b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	INDIVIDUAL O ADDITIONAL IVANE (Opini Inal (O)					SULLY
10c	. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11.	☐ ADDITIONAL SECURED PARTY'S NAME	SNOR SECURED PARTY'S	NAME: Provid	de only one name	(11a or 11b)	<u> </u>
	11a. ORGANIZATION'S NAME				, , ,	
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		LADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
	THE HEAVISONES CONTINUE	THO TENGOTAL TAME		Abbillion	AL MANIE (O)MANIAL (O)	001177
11c	MAILING ADDRESS	CITY		STATE.	POSTAL CODE	COUNTRY
	ADDITIONAL SPACE FOR ITEM 4 (Collateral):					<u> </u>
(a)	atever located: All accessions, increases, and additions to and all replaceme	ents of and substitutions fo	r any proper	ty described a	bove.	
	All products and produce of any of the property described in All accounts, contracts rights, general intangibles, instrumen		other rights			
àris	sing out of a sale, lease, or other disposition of any of the pro	perty described in this Coll	ateral sectio	ons.	norty described in t	his Colleteral
sec	All proceeds (including insurance proceeds) from the sale, detion.					
	All records and data relating to any of the property described profiche, or electronic media, together with all the Grantors rig					
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	I ~				
15.	Name and address of a RECORD OWNER of real estate described in item	covers timber to be 16 16. Description of real esta		ers as-extracted	collateral is filed a	s a fixture filing
	(if Debtor does not have a record interest):					
17.	MISCELLANEOUS: 98916644-OR-0 25725 - WIDE MERCHANT GROUP, G	Freen Coast Commercial Inc.	File with: Secre	etary of State, OR	543907493	

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
Team Oregon Auto Group LLC

D	ecause Individual Debtor name did not fit, check here								
	9a. ORGANIZATION'S NAME			1					
	Team Oregon Auto Group LLC								
	,			1					
OR	9b. INDIVIDUAL'S SURNAME			ł				• .	
	FIRST PERSONAL NAME								
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	1					
				TI	HE ABOVE	SPACE	IS FOR I	FILING OFF	ICE USE ONLY
10 F	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or	r Dehtor name	that did not fit in	line 1h o	r 2h of the Ei	nancina S	tatement (F	orm LICC1) (us	e evect full name:
	o not omit, modify, or abbreviate any part of the Debtor's name) and enter the m				20 01 116 1 1	nancing 5	taternesit (i	omi occi) (us	e exact, full flame,
Ī	10a, ORGANIZATION'S NAME								
OR	10b. INDIVIDUAL'S SURNAME								
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	INDIVIDUAL'S FIRST PERSONAL NAME								
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11.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	OD SECUDI	ED PARTY'S I	NAME.	Denvido o elv		1	II-V	
• • •	11a. ORGANIZATION'S NAME	OK SECONI	PARTISI	VAIVIE:	Provide only	one nam	e (Tra or T	(0)	
	This of the man and the man an								
OR	11b. INDIVIDUAL'S SURNAME	Telegar nenn				Laberia		140 UTIA (6)	Louiseix
	116. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME			ADDITIO	NAL NAME(S)/INTTIAL(S)	SUFFIX
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11c.	MAILING ADDRESS	CITY				STATE	POSTAL C	ODE	COUNTRY
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12. /	ADDITIONAL SPACE FOR ITEM 4 (Collateral):								
	process any such records or data on electronic media. All inve								
	eivable), chattel paper, instruments (including but not limited to								
	counts, investment property, money, other rights to payment and rment intangibles); all oil, gas and other minerals before extract								
	ures; all timber to be cut; all attachments, accessions, accessor								
the	foregoing property, and all additions, replacements of and sub-	stitutions for	all or any pa	rt of the	e foregoin	g propei	ty; al insι	rance refur	nds relating to
	foregoing property; all good will relating to the foregoing proper								
	equipment, inventory and software to utilize, create, maintain a igations relating to the foregoing property; all whether now exist								
_					I HOW OWN	eu oi ne	erearter a	cquired or v	vitetilei flow or
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	e 14. This FIN	NANCING STAT	EMENT:				_	
	REAL ESTATE RECORDS (if applicable)	Cov	ers timber to be	cut _	covers as-	extracted	collateral	is filed as	a fixture filing
	Name and address of a RECORD OWNER of real estate described in item 16	16. Descrip	tion of real estat	e:					
((if Debtor does not have a record interest):								

Green Coast Commercial Inc.

File with: Secretary of State, OR

543907493

17. MISCELLANEOUS: 98916644-OR-0 25725 - WIDE MERCHANT GROUP,

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 Team Oregon Auto Group LLC OR 9h INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME 11a, ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 11c. MAILING ADDRESS CITY POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): hereafter subject to any rights in the foregoing property; and all products and proceeds (including but not limited to all insurance payments) of or relating to the foregoing property. In addition, the work "Collateral" includes all the following, whether now owned or hereafter acquired, whether now existing or hereafter arising, and whatever located: (a) All accessions, increases, and additions to and all replacements of and substitutions for any property described above. (b) All products and produce of any of the property described in this Collateral section. (c) All accounts, contracts rights, general intangibles, instruments, monies, payments, and other rights arising out of a sale, lease, or other disposition of any of the property described in this Collateral sections. 13. 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):

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9a. ORGANIZATION'S NAME							
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ream Gregori Adio Group LEC							
OR 9b. INDIVIDUAL'S SURNAME			1				
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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 Fi	nancing S	tatement (Form UCC1) (use	exact, full name;	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	ailing address i	in line 10c					
10a. ORGANIZATION'S NAME							
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OR 10b. INDIVIDUAL'S SURNAME							
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INDIVIDUAL'S FIRST PERSONAL NAME			-				
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TIA. ORGANIZATIONS NAME							
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OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSO	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
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11c, MAILING ADDRESS	CITY	•		STATE	POSTAL CODE	COUNTRY	
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				<u> </u>			
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):							
(d) All proceeds (including insurance proceeds) from the sale, dest	ruction, loss	s, or other dis	sposition of any o	f the pro	perty described in this	Collateral	
section.	AL:- O-11-A-					61	
(e) All records and data relating to any of the property described in microfiche, or electronic media, together with all the Grantors right,	this Collate	rai section, v	vnetner in the For	m or a v	vnung, pnotograph, mit	cromm,	
and process any such records or data on electronic media. other ri		nerest in and	to all computer s	Ullwale	required to utilize, crea	ate, maintain,	
arising out of a sale, lease, or other disposition of any of the proper		d in this Colla	ateral sections				
(d) All proceeds (including insurance proceeds) from the sale, dest	ruction, loss	s. or other dis	sposition of any o	f the pro	perty described in this	Collateral	
section.		,					
(e) All records and data relating to any of the property described in	this Collate	ral section, v	vhether in the For	m of a v	writing, photograph, mic	crofilm,	
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 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 	1 —		_				
		ers timber to be		extracted	collateral is filed as a	fixture filing	
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(if Debtor does not have a record interest):							
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47 MOOFILANICOLIO, DOMECIA OR O 25705 MIDE MEDCHANICORUM	n Coast Commer	cial Inc	File with: Secretary of S	State OP	543907493		
17. MISCELLANEOUS: 98916644-OR-0 25725 - WIDE MERCHANT GROUP, Green	, coast commer		, ac mai, decicially of t		343901433		

FOLLOW INSTRUCTIONS

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FI		ement; if line 1b was left blank				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FI						
FIRST PERSONAL NAME Provide (19a or 10b) only gag additional Debtor name or Debtor name that did not fit in line 10 or 2b of the Financing Statement (Form UCC1) (use exact, full name, do not omit, modily, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c						
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ADDITIONAL, NAME; Provide (19a or 10b) only gate additional Debtor name or Debtor name that did not fit in line 10 or 2b of the Francing Statement (Form UCC1) (use exact, full name; do not of mill, modify or arbitrovials any part of the Debtor's name) and enter the mailing address in line 10c. Top. CRIGARIZATIONS NAME	OR 9b. INDIVIDUAL'S SURNAME					
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) (see exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailting address in line 10c. Total CORANIZATION'S NAME TOTAL STATE POSTAL CODE SUPPTIX STATE POSTAL CODE SUPPTIX THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY (see exact, full name; do not fit in line 1b or 2b of the Financing Statement (Form UCC1) (see exact, full name; do not not fit in line 1b or 2b of the Financing Statement (Form UCC1) (see exact, full name; do not not fit in line 1b or 2b of the Financing Statement (Form UCC1) (see exact, full name; do not not not not not not not not not no	FIRST PERSONAL NAME					
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do not omit, modify, or abhevate any part of the Debtor's name) and enter the mailing address in line 10c Total BOTHOMAL S SUBMANE	<u> </u>		THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY	
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10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATIONS NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL SPACE FOR ITEM 4 (Collateral): microfiche, or electronic media, together with all the Grantors right, title, and interest in and to all computer software required to utilize, create, maintain, and process any such records or data on electronic media, only of the property described in this Collateral sections. (d) All proceeds (including insurance proceeds) from the sale, destruction, loss, or other disposition of any of the property described in this Collateral section, whether in the Form of a writing, photograph, microfilm, microfiche, or electronic media, together with all the Grantors right, title, and interest in and to all computer software required to utilize, create, maintain, and process any such records or data on electronic media. 12. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): 16. Description of real estate:					_	
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17. MISCELLANEOUS: 98916644-OR-0 25725 - WIDE MERCHANT GROUP, Green Coast Commercial Inc. File with: Secretary of State, OR 543907493		in item 16 16. Description of real estate	e:			
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