

FILED: JUN 21, 2024 01:30 PM OREGON SECRETARY OF STATE



	UCC	LIEN NO. 9	3902420	365 CONVENIENCE IN	r
UCC FINANCING STATEMENT		•			C
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282	Fax: 818-662-4141				
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Lien Solutions	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
P.O. Box 29071	9395019				
Glendale, CA 91209-9071 OF	ROR				
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INF	ORMATION	THE ABOVE	SPACE IS FO	OR FILING OFFICE US	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex					
name will not fit in line 1b, leave all of item 1 blank, check here and p	rovide the Individual Debtor info	ormation in item 10 of th	ne Financing Sta	tement Addendum (Form L	JCC1Ad)
365 CONVENIENCE INC					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	ME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
<u> </u>				<b></b>	
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
13076 SE STARK ST	PORTLAND	·	OR	97233-1545	USA
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exiname will not fit in line 2b, leave all of item 2 blank, check here  and p</li> </ol>	act, full name; do not omit, mod rovide the Individual Debtor info				
2a. ORGANIZATION'S NAME	<del></del>			·	<u>.</u>
00					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
20. MAILING ADDITESS	l Ciri		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	R SECURED PARTY): Provide	only one Secured Part	/ name (3a or 3)	l	
3a. ORGANIZATION'S NAME		, <u></u>	(	<u> </u>	
C T Corporation System, as representative	•		· •		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME	ADDITIONAL NAME(S)/INITIAL(S) SU		SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
330 N Brand Blvd, Suite 700, Attn: SPRS	Glendale		CA	91203	USA
COLLATERAL: This financing statement covers the following collateral:	Cicridato			0.200	00/1
The equipment, inventory, and personal property related the agreement or installment payment agreement designated as additions to, substitutions for and accessions to the Collatera insurance. A more detailed description of the Collateral is managed.	Agreement No. 2786545 I and all proceeds of an	(collectively, "Col y of the foregoing,	lateral"), toge including, wi	ether with all replacer thout limitation, proce	nents for, eds of
request to the secured party/lessor.	aanica by socured par	.,	no una recon	ao ana may bo made	aranabio apon
·					
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in	a Trust (see UCC1Ad, item 17	and Instructions)	eing administer	ed by a Decedent's Perso	onal Representativ
6a. Check <u>only</u> if applicable and check <u>only</u> one box:			6b. Check only	if applicable and check or	nly one box:
Public-Finance Transaction Manufactured-Home Transaction				ural Lien Non-UC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bail	ee/Bailor Lice	nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					