




UCC

LIEN NO. 93902653

ONE SOURCE QUOTE, IN

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) |
| B. E-MAIL CONTACT AT SUBMITTER (optional) |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) |
|  COGENCYGLOBAL® 698 12th ST SE, SUITE 200 SALEM, OR 97301 |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---------------------------|--|---------------------|-------------------------------|-------------|
| 1a. ORGANIZATION'S NAME | | | | |
| OR One Source Quote, Inc. | | | | |
| 1b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| 2015 SE Ochoco St. | | Portland | OR | 97222 |
| | | | COUNTRY | USA |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--------------------------|--|---------------------|-------------------------------|-------------|
| 2a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 2b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL 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 ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|--|---------------------|-------------------------------|-------------|
| 3a. ORGANIZATION'S NAME | | | | |
| OR JPMorgan Chase Bank, N.A., as Administrative Agent | | | | |
| 3b. INDIVIDUAL'S SURNAME | | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| Middle Market Servicing, 10 S. Dearborn Street, Floor L2, Mail Code IL1-0480 | | Chicago | IL | 60603-2300 |
| | | | COUNTRY | USA |

4. COLLATERAL: This financing statement covers the following collateral:

All personal property and other assets of whatever kind or nature, whether now existing or hereafter arising or acquired.

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: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

File with OR - SOS MN: 24767163 Doc: 767,700,070