				FiL ORE	ED: JUN 2 GON SECE	1, 2024 02:30 RETARY OF S	6 PM		
			ucc			1 1 1 1 1 1 1 1 1 1	RAYE OF SUNSH	NE ADU	
	CC FINANCING STATEMENT								
A. Na	NAME & PHONE OF CONTACT AT SUBMITTER (optional) ame: Wolters Kluwer Lien Solutions Phone: 800-331-32	282 Fax: 8	818-662-4141						
В.	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com								
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)								
	 Lien Solutions	99376	5124						
ĺ	P.O. Box 29071	DROR							
	File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT			т		SPACE IS FO	OR FILING OFF		
1. C	EBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use			_					
n	ame will not fit in line 1b, leave all of item 1 blank, check here ar	nd provide ti	he Individual Debtor in	nformation	in item 10 of t	he Financing Sta	tement Addendum	(Form UC	C1Ad)
	13. ORGANIZATION'S NAME RAYE OF SUNSHINE ADULT FOSTER HOME	LLC							
OR	16. INDIVIDUAL'S SURNAME		FIRST PERSONAL N	АМЕ		ADDITIO	NAL NAME(S)/INITIA	_(S)	SUFFIX
1c.	MAILING ADDRESS		CITY			STATE	POSTAL CODE		COUNTRY
42	255 SE 117th Ave		Portland			OR	97266		USA
	EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use								
n	ame will not fit in line 2b, leave all of item 2 blank, check here ar	nd provide ti	he Individual Debtor in	formation	in item 10 of t	he Financing Sta	itement Addendum	(Form UC)	C1Ad)
	Raye of Sunshine Adult Foster Home								
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL N	AME		ADDITIO	VAL NAME(S)/INITIA	_(S)	SUFFIX
2c.	MAILING ADDRESS		CITY			STATE	POSTAL CODE		COUNTRY
42	55 SE 117th Ave		Portland			OR	97266		USA
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	NOR SECU	RED PARTY): Provid	e only <u>one</u>	Secured Par	y name (3a or 3	b)		
	^{3a.} ORGANIZATION'S NAME C T Corporation System, as representative								
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL N	AME		ADDITIO	NAL NAME(S)/INITIA	L(S)	SUFFIX
3c.	MAILING ADDRESS		CITY		• ··· ·	STATE	POSTAL CODE		COUNTRY
_	30 N Brand Blvd, Suite 700; Attn: SPRS		Glendale			CA	91203		USA
NO TH WI DE	OLLATERAL: This financing statement covers the following collater TICE PURSUANT TO AN AGREEMENT BETWEEN D E COLLATERAL DESCRIBED HEREIN. THE FURTH I'H THE SECURED PARTY'S RIGHT BY SUCH ENCU BTOR'S ACCOUNTS, CHATTEL PAPER OR GENER/ ANY PROCEEDS THEREOF RECEIVED BY SUCH E	EBTOR / ER ENCL IMBRAN(AL INTAN	JMBERING OF V CER. IN THE EV	VHICH N ENT TH	/AY CONS AT ANY EN	TITUTE THE	TORTIOUS IN	ITERFEI JRITY IN	RENCE NTEREST IN
oth all o ver cus her Inv finis use the	counts, accounts receivable, contracts, real property leaser forms of obligations at any time owing to Debtor arise of Debtor's rights with respect to any goods represented or or lienor, including rights of stoppage in transit and tomer lists, books and records, ledger and account care eafter created, relating thereto (collectively referred to entory, including without limitation, all goods manufact, shed merchandise, findings or component materials, ared or consumed in the operation of the business of Debtor record, in which Debtor now or at any time hereafter may supancy or possession of Debtor or is held by Debtor or superior of the business.	sing out c d thereby l of recov rds, comp hereinafte ured or ac and all sup tor or wh have an	If goods sold or le whether or not ering possession outer tapes, softw er as "Receivable cquired for sale o plies, goods, inci ich may contribul interest, whether	eased or delivered by proc are, disk s"); r lease, a dentals, e to the or not th	for service d, goods re eedings inc s, printouts and any pie office supp finished pro ne same is	s rendered b turned by cus cluding replev and records ace goods, ra ce goods, ra lies, packagi oduct or to th in transit or ir	y Debtor, the p stomers and all in and reclama , whether now w materials, wo ng materials ar e sale, promoti n the constructi	roceeds rights as ition, tog- in existen ork in pro ad any ar on and s ve, actua	thereof and s an unpaid ether with all nce or occess and nd all items shipment al or exclusive
		d in a Trust	(see UCC1Ad, item	17 and Ins	tructions)	-	red by a Decedent		
6a.	Check <u>only</u> if applicable and check <u>only</u> one box:				- 14324		if applicable and o		
7 ^	Public-Finance Transaction Manufactured-Home Transaction LTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	_	A Debtor is a T	_	g Utility] Seller/Buyer		lural Lien	Non-UCC F	ee/Licensor
	PTIONAL FILER REFERENCE DATA:		, and grid of optial grid i	L_					
	376124				· .			· .	

FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

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UCC FINANCING STATEMENT ADDENDUM

FOL	LOW INSTRUCTIONS		
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left b ecause Individual Debtor name did not fit, check here	lank]
	98. ORGANIZATION'S NAME RAYE OF SUNSHINE ADULT FOSTER HOME LLC		
OR	95, 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				
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
11. ADDITIONAL SECURED PARTY'S NAME Or [Provide only one nam	e (11a or 11b)	
OR 115. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): Goods, including without limitation, all machinery, equip articles of tangible personal property of every descriptio interest, at any location (collectively referred to hereinaf General intangibles in which Debtor now has or hereaft records, inventions, designs, patents, patent application secrets, trade processes, copyrights, copyright registrat all claims under guaranties, tax refund claims, rights an	on now or hereafter owned by Debtor or in fter as "Equipment"); ter acquires any rights, including but not lin ns, trademarks, trademark registrations an tions and applications therefor, licenses, p	which Debtor may nited to, causes of d applications ther ermits, franchises,	have or may hereaft action, corporate or efor, goodwill, trade of customer lists, comp	er acquire any business names, trade buter programs

indemnification and all other intangible personal property and intellectual property of every kind and nature (collectively referred to hereinafter as "Intangibles");

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 c	ut 🔲 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 (if Debtor does not have a record interest):	16. Description of real estate:	-				
17. MISCELLANEOUS: 99376124-OR-0 CTC	orporation System, as	File with: Secretary of State, OR				
	•	· · · · · ·				

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS				
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i	f line 1b was left blank	7		
because Individual Debtor name did not fit, check here				
9a. ORGANIZATION'S NAME		7		
RAYE OF SUNSHINE ADULT FOSTER HOME LLC				
		-1		
OR 9b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		_		
FINST FERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-1 ·		
			PACE IS FOR FILING OF	
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 Finance	cing Statement (Form UCC1)	(use exact, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the				•
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
				•
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	ler	TATE POSTAL CODE	COUNTRY
		"	FOSTAE CODE	COONTRI
11. ADDITIONAL SECURED PARTY'S NAME OF ASSIG	NOR SECURED PARTY'S	SNAME: Provide only one	e name (11a or 11b)	
		<u> </u>		
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AC	DDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS			TATE POSTAL CODE	COUNTRY
		0.		
· · · · · · · · · · · · · · · · · · ·				
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
All of the capital stock, bonds, notes, partnership interests, mem	per interests in limited lia	bility companies, and	other securities, if any, I	held of record or
beneficially by the Debtor, including without limitation the capital				
brokerage accounts (collectively referred to hereinafter as "Inves				
All cash on hand and on deposit in banks, trust companies and s		I property accounted for	or in the Debtor's financ	ial statements as
"cash equivalents" (collectively referred to hereinafter as "Cash")				
All other assets, proceeds and items not directly referred to here		fined in Article 9 of the	Uniform Commercial C	ode under
applicable federal and state law (collectively referred to hereinaft				
All accessions to, substitutions for, and all replacements, product			Equipment, Intangibles	s. Investments.
Cash and UCC Article 9 Items (collectively referred to hereinafter				
			· · · · · · · · · · · · · · · · · · ·	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in	the 14. This FINANCING STA		_	
REAL ESTATE RECORDS (if applicable)	covers timber to b	be cut 🗌 covers as-extra	acted 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 est	tate:		
(if Debtor does not have a record interest):	· ·			

17.	MISCELLANEOUS:	99376124-OR-0

C T Corporation System, as File with: Secretary of State, OR

UCC FINANCING STATEMENT ADDENDUM

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FOLLOW INS	TRUCTIONS
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Г	9a. ORGANIZATION'S NAME			
	RAYE OF SUNSHINE ADULT FOSTER HOME	LLC		
۲	9b. INDIVIDUAL'S SURNAME			
$\left \right $	FIRST PERSONAL NAME			
$\left \right $	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
			THE ABOVE SPACE IS FOR FILING	OFFICE USE ON
	EBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debto o not omit, modify, or abbreviate any part of the Debtor's name) and er 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME			:C1) (use exact, full na
do	o not omit, modify, or abbreviate any part of the Debtor's name) and er 10a. ORGANIZATION'S NAME			C1) (use exact, full na
	o not omit, modify, or abbreviate any part of the Debtor's name) and er 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)			
	o not omit, modify, or abbreviate any part of the Debtor's name) and er 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME			
	D NOT OMIT, MODIFY, OR ADDREVIATE ANY PART OF THE DEBTOR'S NAME	Iter the mailing address in line 10c	fit in line 1b or 2b of the Financing Statement (Form UC	SUFFIX
	o not omit, modify, or abbreviate any part of the Debtor's name) and er 10a. ORGANIZATION'S NAME 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS	Iter the mailing address in line 10c	fit in line 1b or 2b of the Financing Statement (Form UC	SUFFIX
	D NOT OMIT, MODIFY, OR ADDREVIATE ANY PART OF THE DEBTOR'S NAME	Iter the mailing address in line 10c	fit in line 1b or 2b of the Financing Statement (Form UC	SUFFIX

Books and records relating to any of the Collateral (including without limitation, customer data, credit files, computer programs, printouts, and other computer materials and records of Debtor pertaining to any of the Collateral).

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 (if Debtor does not have a record interest):	16. Description of real estate:				
	poration System, as File	with: Secretary of State, OR			
· · · · · · · · · · · · · · · · · · ·		··············	· · · · · · · · · · · · · · · · · · ·		

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

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