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FILED: JUN 21, 2024 02:38 PM OREGON SECRETARY OF STATE



LIEN NO. 93902759

AUTOHUB PORTLAND LLO

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LIEN NO. 93	902759	AUTOHUB PORTLAND LI	.c	
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8	18-662-4141					
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8644 - JPMO	RGAN			•		
Lien Solutions 99372	412					
P.O. Box 29071	413					
Glendale, CA 91209-9071 OROR						
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORMA	TION	THE ABOVE S	PACE IS F	OR FILING OFFICE US	SE ONLY	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full n						
name will not fit in line 1b, leave all of item 1 blank, check here and provide the 1a. ORGANIZATION'S NAME	e Individual Debtor	information in item 10 of the	Financing Sta	tement Addendum (Form t	JCC1Ad)	
AUTOHUB PORTLAND LLC						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
				<u> </u>		
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
2425 COMMERCIAL ST NE 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n	SALEM	nodify or abbreviate any par	OR t of the Debtor	97301	USA Individual Debtor's	
		information in item 10 of the				
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME	I FIRST PERSONAL NAME		Ι ΔΟΩΙΤΙΩ	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
20. INDIVIDUAL O CONTINUE	FINST FENSONAL NAME		7,55,1116	John Marie Committee (a)		
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	ED PARTY): Provi	de only one Secured Party	name (3a or 3	D)	_1	
3a. ORGANIZATION'S NAME						
JPMorgan Chase Bank, NA OR 3b INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME.	LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
30. INDIVIDUAL S SUNMANIE	FIRST PERSONAL NAME		Abbillo	ADDITIONAL NAME(S)MITTAL(S)		
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
P.O. Box 6026, IL1-1145	Chicago		IL	60680-6026	USA	
4. COLLATERAL: This financing statement covers the following collateral: All Inventory, Chattel Paper, Accounts, Equipment and General Inta additions, replacements, and substitutions relating to any of the fore any of the foregoing (including insurance, general intangibles and o	going; all recor	ds of any kind relating				
5. Check only if applicable and check only one box: Collateral is held in a Trust	see UCC1Ad, item	17 and Instructions) be	ing administe	red by a Decedent's Perso	nal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> 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 Filing			
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor C 8. OPTIONAL FILER REFERENCE DATA:	onsignee/Consigno	or Seller/Buyer	[_] Bai	lee/Bailor Lice	nsee/Licensor	

AUTOHUB PORTLAND LLC

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