UCC LIEN NO. 93902204 UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Online Dept 888-507-4593 B. E-MAIL CONTACT AT SUBMITTER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) DATA RESEARCH, INC. 7185 SW Sandburg St, #110 - Portland, OR 97223 UCC 1-1385000 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE 1. DEBTOR'S NAME: Provide only gap Debtor name (1a or 1b) (use exect, full name, do not omit, modity, or abbreviate any part of the Internation in tem 10 of the Financing Statement Addredum (Form UC f. ORGANIZATION'S NAME (TY STATE POSTAL CODE 2. DEBTOR'S NAME: Provide only gap Debtor name (2a or 2b) (use exect, full name, do not omit, modity, or abbreviate any part of the Internation in tem 10 of the Financing Statement Addredum (Form UC f. ORGANIZATION'S NAME (TY STATE POSTAL CODE 2. DEBTOR'S NAME: Provide only gap Debtor name (2a or 2b) (use exect, full name, do not omit, modity, or abbreviate any part of the Internation in tem 10 of the Financing Statement Addredum (Form UC f. ORGANIZATION'S NAME (TY STATE POSTAL CODE 2. DEBTOR'S NAME: Provide only gap Debtor name (2a or 2b) (use exect, full name, do not omit, modify, or abbreviate any part of the Internation in tem 10 of the Financing Statement Addredum (Form UC f. ORGANIZATION'S NAME (TY STATE POSTAL CODE 1. DEBTOR'S NAME: Provide only gap Debtor name (2a or 2b) (use exect, full name, con ont, modify, or abbreviate any part of the Internation in tem 10 of the Financing Statement Addredum (Form UC f. ORGANIZATION'S NAME (TY STATE POSTAL CODE 1. DEBTOR SNAME: Provide only gap Debtor name (2a or 2b) (use exect, full name, con ont, modify, or abbreviate any part of the Internation in tem 10 of the Financing Statement Addredum (Form UC 1. ADUITONAL NAME(S)INTITA 1. INDIVIDUAL'S SURNAME	04 AM STATE
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Online Dept 888-507-4593 B. E-MAIL CONTACT AT SUBMITTER (optional) C. SEND ACKNOWLEDGMENT TO. (Name and Address) DATA RESEARCH, INC. 7185 SW Sandburg St, #110 - Portland, OR 97223 UCC1-1385000 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE 1. DEBTOR'S NAME: Provide only ggb Debtor name (1a or 1b) (use exact, full name; do not onli, modify, or abbreviate any part of the Dobtor's name); if any part of the Information in tem 10 of the Financing Statement Addendum (Form UC 1a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SJINITIA Le MalLING ADDRESS CITY STATE POSTAL CODE 2a. DEBTOR'S NAME: Provide only ggb Debtor name (2a or 2b) (use exact, full name; do not only, modify, or abbreviate any part of the Dibtor's name); if any part of the Inform UC 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ZD INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(SJINITIA Conf this Inte blank, check here ADDITIONAL NAME(SJINITIA Conf this Inte blank, check here ADDITIONAL NAME(SJINITIA Conf this Inte blank, check here Conf TUALATIN Conf TUALATIN Conf TUAL NAME ZD INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ZD INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Conf TUALATIN Conf TUALATIN Conf TUALATIN Conf TUAL NAME(Conf TUAL CONF TUALATIN Conf TUALATIN Conf TUALATIN'S NAME Conf TUALATION'S NAME Conf TUALATION	MELROSE COURT HOMEO
Online Dept 888-507-4593 B. E-MAIL CONTACT AT SUBMITTER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) DATA RESÉARCH, INC. 7185 SW Sandburg St, #110 - Portland, OR 97223 LUCC1-1385000 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE 1. DEBTOR'S NAME: Provide any gas Debtor name (1a or 1b) (use wach, full name; do not omit, modify, or ebbriviate any part of the financing Statement Addendum (Form VC 1a. ORGANIZATION'S NAME OR THE LROSE COURT HOMEOWNERS ASSOCIATION 1b. INDIVIDUAL'S SURNAME Intel RLOSE COURT HOMEOWNERS ASSOCIATION 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME OR DETORY NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the financing Statement Addendum (Form VC 1a. ORGANIZATION'S NAME OR DELING ADDRESS Citry State Ord State or of onli. modify, or abbreviate any part of the Debtor's name); if any part of the financing Statement Addendum (Form VC 2a. ORGANIZATION'S NAME POSTAL CODE OR DEBTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not omit. modify, or abbreviate any part of the Pinancing Statement Addendum (Form VC 2a. ORGANIZATION'S NAME POSTAL CODE OR Zb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA Sa. ORGANIZATION'S NAME FIRST P	
B. E-MAIL CONTACT AT SUBMITTER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) DATA RESEARCH, INC. 7185 SW Sandburg St, #110 Portland, OR 97223 UCC1-1385000 State of Oregon_OK SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE 10.DEBTOR'S NAME: Provide only <u>optical party contact</u> information in tem 10 of the Financing Statement Addendum (Form UC 10.DEBTOR'S NAME: Provide only <u>optical party contact</u> information in tem 10 of the Financing Statement Addendum (Form UC 11. INDIVIDUAL'S SURNAME C. MALLING ADDRESS CITY C. MALLING ADDRESS CITY STATE POSTAL CODE ADDITIONAL NAME ADDITIONAL NAME(S)/INITIA ADDITIONAL NAME ADDITIONAL NAME(S)/INITIA ADDITIONAL NAME ADDITIONAL NAME(S)/INITIA ADDITIONAL NAME ADDITIONAL NAME(S)/INITIA ADDI	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) DATA RESEARCH, INC. 7185 SW Sandburg St, #110 - Portland, OR 97223 UCC1-1385000 State of Oregon_OK SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE 1. DEBTOR'S NAME: Provide only gng Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Dobtor's name); if any part of the I notif in line to leave and of the name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Dobtor's name); if any part of the I notif in line to Leave all of item 1 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UC 1a. ORGANIZATION'S NAME OR MELROSE COURT HOMEOWNERS ASSOCIATION 1b. INDIVIDUAL'S SURNAME Frovide only gng 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 I 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 UC 2a. ORGANIZATION'S NAME Provide only gng 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 I 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 UC 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only gng Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME 3b. INDIVIDUAL'S SURNAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only gng Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME 3b. INDIVIDUAL'S SURNAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only gng Secured Party name (3a or 3b) 3b. ORGANIZATION'S NAME 3b. INDIVIDUAL'S SURNAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only gng Secured Party name (3a or 3b) 3b. MAILING AD	
DATA RESÉARCH, INC. 7185 SW Sandburg St, #110 Portland, OR 97223 UCC1-1385000 State of Oregon_OR SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE 1. DEBTOR'S NAME: Provide only ggg 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 I notif in line to, leave all of tem 1 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UC 10. ORGANIZATION'S NAME (Inter 2, Issue all of tem 2 blank, check here (Inter 2, Issue all of tem 2 blank, check here) (Inter 2, Issue all of tem 2, Issue all of	
Portland, OR 97223 UCC1-1385000 State of Oregon_OR THE ABOVE SPACE IS FOR FILING OFFICE THE ABOVE SPACE IS FOR FILING OFF	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE 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 In 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 UC 1a. ORGANIZATION'S NAME Internation in Item 10 of the Financing Statement Addendum (Form UC 1a. ORGANIZATION'S NAME FIRST PERSONAL NAME MELROSE COURT HOMEOWNERS ASSOCIATION STATE 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 0R MELROSE COURT HOMEOWNERS 20. MALLING ADDRESS CITY 9801 SW 72ND AVE., STE 350 TUALATIN 20. DEBTOR'S NAME: Provide only ong 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 In not fit in line 2b, leave all of item 2 blank, check here 20. DEBTOR'S NAME: Provide only ong 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 In not fit in line 2b, leave all of item 2 blank, check here 20. DEBTOR'S NAME: Provide only ong 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 In not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE 1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full name; do not omil, modify, or abbreviate any part of the Debtor's name); if any part of the Ir 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 UC 1a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA 1c. MAILING ADDRESS CITY STATE POSTAL CODE 20. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name; do not omil, modify, or abbreviate any part of the Debtor's name); if any part of the Ir 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 UC 2a. ORGANIZATION'S NAME If 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 UC 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA OR Zb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA	
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 I 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 UC 1a. ORGANIZATION'S NAME MELROSE COURT HOMEOWNERS ASSOCIATION 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA 1c. MAILING ADDRESS 20. 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 I 20. 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 I 21. 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 information in item 10 of the Financing Statement Addendum (Form UC 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS 2c. MAILING ADDRESS 2d. MAILING ADDRESS 2d. INDIVIDUAL'S SURNAME 3a. ORGANIZATION'S NAME 2d. MAILING ADDRESS 2d. INDIVIDUAL'S SURNAME 3a. ORGANIZATION'S NAME 3a. ORGANIZATION'S NAME 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS	
9801 SW 72ND AVE., STE 350 TUALATIN OR 97062 2. DEBTOR'S NAME: Provide only one obtor 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 In not fit in line 2b, leave all of item 2 blank, check here Image: and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UC) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA c. MAILING ADDRESS CITY STATE a. ORGANIZATION'S NAME FIRST PERSONAL NAME POSTAL CODE x Image: Statement Addendum (Source) State c. MAILING ADDRESS CITY STATE x Image: Statement Addendum (Source) State POSTAL CODE x Image: Statement Addendum (Source) State POSTAL CODE x Image: Statement Addendum (Source) State POSTAL CODE x Image: Statement Addendum (Source) Statement Addendum (Source) State x Image: Statement Addendum (Source) Statement Addendum (Source) POSTAL CODE x Image: Statement Addendum (Source) Statement Addendum (Source) Statement Addendum (Source) x Image: Statement Addendum (Sou	·····
9801 SW 72ND AVE., STE 350 TUALATIN OR 97062 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 In not fit in line 2b, leave all of item 2 blank, check here Image: do not omit, modify, or abbreviate any part of the Financing Statement Addendum (Form UC) 2a. ORGANIZATION'S NAME Image: do not omit, modify, or abbreviate any part of the Financing Statement Addendum (Form UC) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA 2c. MAILING ADDRESS CITY STATE POSTAL CODE 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Image: state of the state of	
2. DEBTOR'S NAME: Provide only <u>one</u> 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 Innot fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2b. INDIVIDUAL'S SURNAME 2c. MAILING ADDRESS CITY 3a. ORGANIZATION'S NAME CITY 3a. ORGANIZATION'S NAME CITY 3b. INDIVIDUAL'S SURNAME CITY CI	COUNTRY
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 UC 2a. ORGANIZATION'S NAME and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UC 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA 2c. MAILING ADDRESS CITY STATE POSTAL CODE 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 3a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA OR VIMPQUA BANK FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA OR CITY STATE POSTAL CODE AC. MAILING ADDRESS CITY STATE POSTAL CODE	USA
20. INDIVIDUAL'S SURNAME ADDRESS CITY STATE POSTAL CODE 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 3a. ORGANIZATION'S NAME Ja. ORGANIZATION'S NAME JADDITIONAL NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME JADDITIONAL NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) Jac. MAILING ADDRESS CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE DE LETE DE	
33. 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 UMPQUA BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA 3c. MAILING ADDRESS CITY STATE POSTAL CODE	TIAL(S) SUFFIX
3a. ORGANIZATION'S NAME OR UMPQUA BANK 3b. INDIVIDUAL'S SURNAME ADDITIONAL NAME ADDITIONAL NAME ADDITIONAL NAME Sc. MAILING ADDRESS	COUNTRY
3a. ORGANIZATION'S NAME DR UMPQUA BANK 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA 3c. MAILING ADDRESS CITY	
OR UMPQUA BANK 3b. INDIVIDUAL'S SURNAME Sc. MAILING ADDRESS CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE CITY STATE POSTAL CODE STATE STATE POSTAL CODE STAT	
3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIA 3c. MAILING ADDRESS CITY STATE POSTAL CODE	
	TIAL(Ŝ) SUFFIX
	COUNTRY
O. BOX 1580 ROSEBURG OR 97470	USA

~

. .

See Schedule A attached hereto and by reference made a part for additional provisions.

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:	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):	ver Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
[UCC1-1385000]	

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

SCHEDULE A

This SCHEDULE A TO COMMERCIAL SECURITY AGREEMENT is attached to and by this reference is made a part of the Commercial Security Agreement, dated May 29, 2024, and executed in connection with a loan or other financial accommodations between UMPQUA BANK and Melrose Court Homeowners Association.

RECITALS

This Schedule A supplements the terms and conditions set forth in the Security Agreement. In the event of a conflict between the Security Agreement and this Schedule A shall control. All capitalized terms not otherwise defined in this Schedule A shall have the meanings ascribed to them in the Security Agreement and the Related Documents.

NOW THEREFORE, in consideration of the premises, the covenants and agreements contained herein, and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties to the Security Agreement do and on hereby further agree to incorporate the following supplemental terms and conditions shall be binding upon each of the Agreement Parties; and enforceable by Lender, as if fully set forth in and incorporated into the Security Agreement itself.

AGREEMENTS

Description of Collateral. The "Collateral" as defined in the Security Agreement as described on Exhibit 1 attached hereto.

Lender's Rights to Collect Assessments and Foreclose. Upon an Event of Default, Lender is entitled and authorized, without further notice, in its own name or in the name of the Association pursuant to the appointment of Lender as Debtor's attorney-in-fact hereunder to demand, collect, receive, sue for, and compromise Assessments directly from Obligors. Following an Event of Default, Lender shall also have the right to sue for and enforce and foreclose liens of Debtor arising under the applicable condominium, planned community or homeowners' association statute, as the case may be, and/or the Declaration and the Bylaws of Debtor against the unit(s) in the condominium (and undivided interest in the common elements of such unit(s)), subject to the Declaration (individually and collectively, "Unit" or "Units"), or the loss or tracts in the subdivision or planned community subject to the Declaration (individually and collectively, "Loi" or "Crits"), as the case may be, for unpaid Assessments.

Association's License to Use Assessments Prior to Eveni of Default. All Assessments shall be deposited into accounts maintained at a branch of Lender unless Lender consents to the maintenance of such accounts at other institutions reasonably acceptable to Lender. Prior to an Event of Default, Debtor has a license to collect, use and expend Assessments for repayment of the Loan, and to maintain, operate, repair, and replace the condomizium property, or Association property, as the case may be, and to carry on the affairs of Debtor as required by the Declaration and Bylaws, pursuant to the annual budget adopted by Debtor. Upon an Event of Default, Debtor's license to collect, use and expend Assessments shall terminate automatically, with no further action necessary by Lender.

Additional Representation of Debtor. In addition to the representations in the Security Agreement and Related Documents. Debtor represents that the levy of any annual or general assessment, the increase in an annual or general assessment or the levy of a special assessment (as the case may be) to pay, among other things, the costs associated with the major repairs which are the purpose of the Loan, and Debtor's grant to Lender of a security interest in Assessments and the Collateral and odisction rights thereto, have been been duly authorized by Debtor in full compliance with the Declaration and Bylaws of Debtor and applicable state law. Lender shall at all times be deemed a creditor of Debtor. As a creditor, Lender has no responsibility for carrying out any of the coverants, conditions or agreements contained in the Bylaws and Declarations of Debtor or Debtor's other governing documents.

Additional Affirmative Covenants. Debtor will take all steps required in accordance with Debtor's governing documents and applicable state taw to ensure proper collection of Assessments, including timely notices and actions to preserve and foredose tens upon Units or Lots, as the case may be; for unpaid Assessments. Debtor will give written notice to Lender when more than ten percent (10%) of Obligors are more than sixty (60) days past due in the payment of Assessments [and when the aggregate unpaid Assessments more than sixty days past due exceed ten percent (10%) of the aggregate annual Assessments payable to Debtor). Debtor will not decrease Assessments without prior written notice to Lender. Debtor will not allow or permit the amendment of any provisions of Debtor's Dedaration or Bylaws writch affect the collection of desinguent Assessments. Debtor will not written in the pay of the aggregate written consent of the aggregate annual Assessment of the set of the collection of definition of any provisions of Debtor's Dedaration or Bylaws writch affect the collection of definition to be written compromise that Debtor will not written compromise gover, that Debtor will not written compromise gover, that Debtor will not written compromise gover, that Debtor will not or permit the prior of Assessments writch constitute late fees, interest or collection charges associated with Assessments whon the consent of Lender.

Operating and Replacement Reserves. Debtor shall maintain general operating and replacement reserves in an amount equal to at least \$160,000.00 measured quarterly. Such reserves shall be deposited and shall be maintained in accounts at a branch of Lender, unless Lender consents to the maintained in accounts at a branch of Lender, unless Lender consents to the maintained of such accounts at other institutions reasonably acceptable to Lender. Such reserves may be used to meet deficiencies from time to time as a result of a failure of Obligors to pay Assessments when due and for unforeseen contingencies. If such reserves are deplated, Debtor shall regenish such reserves in equal monthly installments over a six (6) month period, or such other period as may be agreed to by Lender in writing. IN WITNESS WHEREOF, the parties hereto have caused this Schedule A to Security Agreement dated and effective as of May 29, 2024, to be duly executed and delivered to Lender as of the Effective Date set forth above.

THIS SCHEDULE A TO COMMERCIAL SECURITY AGREEMENT IS EXECUTED ON MAY 29, 2024.