

FILED: JUL 15, 2024 02:32 PM
OREGON SECRETARY OF STATE

UCC

LIEN NO. 93928055

LERMAN, GREGG

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional]

Merrie J. Webel, Esq.

B. E-MAIL CONTACT AT FILER [optional]

merrie@webellaw.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Merrie J. Webel, Esq.

Webel Law, PLLC

535 Fifth Avenue, Fl. 4

New York, NY 10017

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

1b. INDIVIDUAL'S SURNAME

Lerman

FIRST PERSONAL NAME

Gregg

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

47 South Shore Dr.

CITY

South Salem

STATE

NY

POSTAL CODE

10590

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

3308 N 97, LLC

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

2c. MAILING ADDRESS

3308 N HWY 97

CITY

Bend

STATE

OR

POSTAL CODE

97701

COUNTRY

USA

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

BMV Distribution, LLC

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

100 Park Avenue, Ste. 2806

CITY

Fort Lee

STATE

NJ

POSTAL CODE

07024

COUNTRY

USA

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

Building and land located at 3308, N HWY 97, Bend, Oregon 97701 (Legal: Norwood #1220 17S12E; Subdivision Norwood #12; Coordinates 44.085941, -121.305775)

Secured Party, Barry S. Meisel, individually, and BMV Distribution, LLC, owns a membership interest in 3308 N 97, LLC. Debt amount to be secured by collateral owned by 3308 N 97, LLC, LASA Ventures, LLC, and Gregg Lerman, individually, in the amount of FIVE HUNDRED NINETY-FIVE THOUSAND DOLLARS (\$595,000.00) plus costs, fees and interest.

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 Representative6. Check only if applicable and check only one box:☐ Public-Finance Transaction☐ A Debtor is a Transmitting Utility

7. ALTERNATIVE DESIGNATION (if applicable):

☐ Lessee/Lessor☐ Consignee/Consignor☐ Seller/Buyer☐ Bailee/Bailor☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

401 FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (OR REV. 06/13)

UCC FINANCING STATEMENT ADDENDUM**FOLLOW INSTRUCTIONS**

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here <input type="checkbox"/>	
9a. ORGANIZATION'S NAME	
OR 9b. INDIVIDUAL'S SURNAME	
Lerman	
FIRST PERSONAL NAME	
Gregg	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> 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				
LASA Ventures, LLC				
OR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				
SUFFIX				
10c. MAILING ADDRESS				
South Shore Drive		CITY	STATE	POSTAL CODE
		South Salem	NY	10590
				COUNTRY
				USA
11. <input checked="" type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME <u>or</u> <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)				
11a. ORGANIZATION'S NAME				
BMW Fine Art, LLC				
OR 11b. INDIVIDUAL'S SURNAME				
		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS				
100 Park Avenue, Ste. 2806		CITY	STATE	POSTAL CODE
		Fort Lee	NJ	07024
				COUNTRY
				USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

The collateral (property and building) located at 3308 N HWY 97, Bend, OR 97701, in the Norwood Section, Lot 12, owned by 3308 N 97, LLC, with a potential ownership interest by the Richard D. and Dolores M. Lalley Trust.

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is tied as a fixture filing
15. Name and address of a RECORD OWNER of above-described real estate described in Item 18 (if Debtor does not have a record interest): Richard D. & Dolores M. Lalley Trust c/o Santiam Escrow, Inc. 216 E. Virginia St. Stayton, OR 97383 Gregg & Alison Lerman 47 South Shore Dr. South Salem, NY 10590	16. Description of real estate: 3308 N HWY 97 Bend, OR 97701 Norwood Section, Lot 12 (44.0859350, - 121.3057610)
17. MISCELLANEOUS:	

USE THIS FORM TO ADD NAMES ONLY
(DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

UCC FINANCING STATEMENT ADDITIONAL PARTY
FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here ☐

18a. ORGANIZATION'S NAME	
OR 18b. INDIVIDUAL'S SURNAME	
Lerman	
FIRST PERSONAL NAME	
Gregg	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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19. ADDITIONAL DEBTOR'S NAME - Provide only one Debtor name (19a or 19b) - (use exact full name: do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR 19b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
19c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

20. ADDITIONAL DEBTOR'S NAME - Provide only one Debtor name (20a or 20b) - (use exact full name: do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR 20b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
Lerman		Alison	
20c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
47 South Shore Dr.		South Salem	NY 10590 USA

21. ADDITIONAL DEBTOR'S NAME - Provide only one Debtor name (21a or 21b) - (use exact full name: do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR 21b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
21c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

22. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ **ASSIGNOR SECURED PARTY'S NAME:** Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR 22b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
Meisel		Barry	S.
22c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
100 Park Ave., Ste. 2806		Fort Lee	NJ 07024 USA

23. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ **ASSIGNOR SECURED PARTY'S NAME:** Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
Webel Law, PLLC			
OR 23b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
23c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
535 Fifth Ave., Fl. 4		New York	NY 10017

24. MISCELLANEOUS: