

FILED: JUL 15 2024 02:40 PM
OREGON SECRETARY OF STATE



UCC

LIEN NO. 93928062

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 Representative

6. 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/Licenser

8. OPTIONAL FILER REFERENCE DATA

401 FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1) (OR REV. 08/13)

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

8a. ORGANIZATION'S NAME

OR 8b. INDIVIDUAL'S SURNAME
Lerman

FIRST PERSONAL NAME
Gregg

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
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	South Salem	NY	10590	USA
--------------------------	--------------------	-----------	--------------	------------

11. ADDITIONAL SECURED PARTY'S NAME or 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	Fort Lee	NJ	07024	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. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15. Name and address of a RECORD OWNER of above-described real estate described in Item 16 (if Debtor does not have a record interest):

**Richard D. & Dolores M. Lalley Trust
c/o Santlani 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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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)	SUFFIX
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)	SUFFIX
Lerman		Alison		
20c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
47 South Shore Dr.		South Salem	NY	10590
				COUNTRY
				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)	SUFFIX
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)	SUFFIX
Meisel		Barry	S.	
22c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
100 Park Ave., Ste. 2806		Fort Lee	NJ	07024
				COUNTRY
				USA

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

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

24. **MISCELLANEOUS:**