FILED: AUG 06, 2024 11:13 AM OREGON SECRETARY OF STATE



SULLIVAN VENTURES, L

		UCC	L	IEN NO. 93	948248	SULLIVAN
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		r				
A. NAME & PHONE OF CONTACT AT FILER (optional)						
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						•
DATA RESEARCH, INC.						
7185 SW Sandburg St, #110	•					
Portland, OR 97223	,					
1	. í					
	·	THE ABOVE S	PACE IS FO	R FILING OF	FICE USE C	ONLY
I. DEBTOR'S NAME: Provide only <u>one</u> Deblor name (10 or 15) (use on name will not it in line 15, leave all of item 1 blank, chock here and		modily, or abbroviale any pai	t of the Debler	's neme); if eny	part of the Inc	dividual Dablora
18. ORGANIZATION'S NAME Sullivan Ventures, LLC, an Oregon lin	nited liability c	ompany				
OR 16. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		Additional Name(Synitial(S)		SUFFIX
6. MAILING ADDRESS 7700 NE Parkway Drive, Suite 300	Vancouv	Vancouver		98662	E	USA
2. DEBTOR'S NAME: Provide only and Debtor name (2e or 2b) (use on name will not fit in tine 2b, teave all of item 2 blank, check here und und 2s, ORGANIZATION'S NAME		modify, or abbraviate any per or information in Item 10 of th				
OR 25. INDIVIDUAL'S SURNAME	FIRST PERSON/	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2e. MAILING ADDRESS	CITY		STATE	POSTAL CÓD	E	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNE 33. ORGANIZATION'S NAME Providence Group NH, LLC, a Delaware			nemo (3e or 3t	)		
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIO	NAL NAME(S)/I	NITIAL(S)	SUFFIX
36. MAILING ADDRESS 262 N. University Ave.	GITY Farming	ton	STATE UT	POSTAL COD 84025	8	COUNTRY
4, COLLATERAL: This linancing statement covers the following collaters See Exhibit A attached hereto and made a part i	ıl: nereof.					
•						
•						
6. Check galy if applicable and check only one box: Colleteral isheld !	n a Yrusi (sea UCC1Ad, llon	17 and (natureflone)	neinimba onior	red by a Dasad	ent's Person	al Roprosontative
6a. Check goly if applicable and check goly one box;	Ther face non-time line			if applicable and		
Public-Finance Transaction Manufactured-Rome Transa	ction 🔲 A Dabior is	a Trensmitting Utility		lural Llon	Non-UCC	
7. ALTERNATIVE DESIGNATION (if applicable): Lassee/Lassor	Consignae/Consig	tor Seller/Buyer		llee/Ballor	Licen	see/Uconsor
B, OPTIONAL FILER REFERENCE DATA:						
OR-SOS (SLG File No. 937.300)						

## Exhibit A

DEBTOR:	SECURED PARTY:	
Sullivan Ventures, LLC	Providence Group NH, LLC	
7700 NE Parkway Drive, Suite 300	262 N. University Ave.,	
Vancouver, Washington 98662	Farmington, UT 84025	

## Collateral:

The "Collateral" is only the following and no other property:

(i) All present and future Accounts (as defined in the Uniform Commercial Code) arising from or related to services rendered at the Facility on or after August 1, 2024 ("New Operator Accounts Receivable"), and all proceeds thereof; and (ii) All of the books and records and recorded data or computer software to the extent necessary for the billing and collection of the New Operator Accounts Receivable (regardless of the medium of recording or storage), and in the case of all of the foregoing, whether now existing or hereafter acquired.

For the avoidance of doubt, the Collateral does not include the following:

- (x) Any Accounts (as defined in the Uniform Commercial Code) arising from or related to services rendered at the Facility prior to August 1, 2024 (the "Excluded Accounts") and all proceeds thereof; and
- (y) To the extent not included in clause (ii) above, all of the books and records and recorded data or computer software to the extent necessary for the billing and collection of such Excluded Accounts (regardless of the medium of recording or storage), and in the case of all of the foregoing, whether now existing or hereafter acquired.

This financing statement, and the security interest evidenced by this financing statement, terminate when New Operator Accounts Receivable are no longer being deposited into Debtor's bank accounts for the Facilities into which all payments for services rendered at the Facility are directly deposited by third party payors.

For purposes hereof, "Facility" means: That certain assisted living facility located at 421 South Adams Road, Spokane, WA 99216 commonly referred to as "Sullivan Park Assisted Living Community".