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From: Issis Gonzale

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UCC

VACASA ASSOCIATION M

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Michael DeLuca (215) 994 2188	
B. E-MAIL CONTACT AT SUBMITTER (optional) michael.deluca@dechert.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
c/o Dechert LLP	
2929 Arch Street	
լ Philadelphia PA, 19104	1
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

ľ	SEE BELOW FOR SECURED PARTY CONTACT	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY							
	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use not fit in line 1b, leave all of item 1 blank, check here	e exact, full name; do not omit, modi and provide the Individual Debtor in				l Debtor's name will			
	1a. ORGANIZATION'S NAME VACASA ASSOCIATION MANAGEMENT SOLUTIONS LLC								
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(S)INITIAL(S)		SUFFIX			
	Mailing address 50 NW 13th Ave.	Portland		STATE	POSTAL CODE 97209	COUNTRY			
1	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	e exact, full name; do not omit, modi and provide the Individual Debtor in				Debtor's name will			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(SYINITIAL(S)		SUFFIX			
2c.	MAILING ADDRESS	СІТУ		STATE	POSTAL CODE	COUNTRY			
3. S	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE ASSIGNEE OF				NAL NAME(SYINITIAL(S)	SUFFIX			
	B. INDIVIDUAL S SUNVAINE	THOU EXCOVAL	IVANE		ione mane (o) minose(o)	301110			
3c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY			
6	Pine Tree Drive, Suite 280	Arden Hil	ls	MN	55112	USA			

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

All assets of the Debtor whether now existing or hereafter arising or acquired, including all proceeds thereof.

j.	Check	only if	applicable	and	check	only	one	box
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