		FILED: OREGON	AUG 27, 202 SECRETAR	4 02:52 PM Y OF STATE	
		UCC LIEN	NO. 93966366	DANI PRODUCT	rs, LLC
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3	3282 Fax: 818-662-4141]			
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Lien Solutions	100254502				
P.O. Box 29071	100354502				
Glendale, CA 91209-9071	OROR				
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT			SPACE IS F	OR FILING OFFICE U	SE ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (us					
name will not fit in line 1b, leave all of item 1 blank, check here 1; 1a. ORGANIZATION'S NAME	and provide the Individual Debto	r information in item 10 of	the Financing Sta	tement Addendum (Form	UCC1Ad)
DANI PRODUCTS, LLC					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1777 SW Chandler Ave Suite 155	Bend		OR	97702	USA
name will not fit in line 2b, leave all of item 2 blank, check here is a constant of the const	FIRST PERSONAL		· .	NAL NAME(S)/INITIAL(S)	SUFFIX .
2c. MAILING ADDRESS	СІТҮ		STATE	POSTAL CODE	COUNTRY
1777 SW Chandler Ave Suite 155	Bend		OR	97702	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIC 38. ORGANIZATION'S NAME	SNOR SECURED PARTY): Pro	vide only one Secured Par	ty name (3a or 3	b)	-
RETAIL CAPITAL LLC DBA CREDIBLY					
OR 36. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MÁILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
25200 Telegraph Rd #350	Southfield		MI	48033	USA
 4. COLLATERAL: This financing statement covers the following collate (a). Any and all present and future sales and receivables Receivables is a sale of accounts or general intangibles Secured Party to file this financing statement to evidence assignment of security. (b). All personal property of Seller/Debtor, including, all a liquor licenses, wherever located, now or hereafter owne (c). real estate now or hereafter owned or acquired by Se (d). All trademarks, trade names, service marks, logos ar the U.S. Patent and Trademark Office ("USPTO") and all acquired, together with any written agreement granting a (e). all proceeds of the foregoing, as the term "proceeds" Pursuant to an agreement between Seller/Debtor and Se description to any other entity. Accordingly, the acceptant tortious interference with the Secured Party's rights. 	eral: of the Seller/Debtor, Sell governed by Article 9 of t the sale of the Amount 9 ccounts, chattel paper, d d or acquired by Seller/D eller/Debtor; nd other sources of busin renewals, reissues and o ny right to use IP is defined in Article 9 of ecured Party, Seller/Debto	he Uniform Commerce Sold. This sale of the ocuments, equipmen ebtor; ess identifiers, and a extensions thereof (co the UCC.	ges that the A cial Code and Amount Sold t, general inta Il registrations ollectively "IP' grant a securi	Amount Sold of the Fi Seller/Debtor author is intended to be a s ingibles, instruments s, recordings and app ') whether now owne ty interest in the abov	uture izes the ale and not an , inventory, and dications with d or hereafter ve referenced
 Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <u>he</u> Check <u>only</u> if applicable and check <u>only</u> one box: 	eld in a Trust (see UCC1Ad, ite	m 17 and Instructions)		red by a Decedent's Pers if applicable and check o	
6a. Check only if applicable and check only one box:		Transmitting Litility		trapplicable and check o	

Consignee/Consignor

FILING OFFICE COPY -	UCC FINANCING STATEMENT	(Form UCC1) (Rev. 0	7/01/23)
			110 11 20 /

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA: 100354502

> Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

Licensee/Licensor

Bailee/Bailor

Seller/Buyer

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

۰b	ecause Individual Debtor name did not fit, check here							
	9a. ORGANIZATION'S NAME							
	DANI PRODUCTS, LLC							
R	9b. INDIVIDUAL'S SURNAME							
		·		· .				
	FIRST PERSONAL NAME							
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	SPACE	IS FOR F		
0. (EBTOR'S NAME: Provide (10a or 10b) only one additional Debt	or name or Debtor nam	e that did not fit in line					
	o not omit, modify, or abbreviate any part of the Debtor's name) and e				5	`	,	
	10a. ORGANIZATION'S NAME				-			
ÖR	10b. INDIVIDUAL'S SURNAME							
	INDIVIDUAL'S FIRST PERSONAL NAME		<u>. </u>					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						•	SUFFIX
			•					
10c	MAILING ADDRESS	СІТҮ			STATE	POSTAL CO	DDE	COUNTRY
10c			RED PARTY'S NAM			···		COUNTRÝ
10c			RED PARTY'S NAM			···		COUNTRY
1.	ADDITIONAL SECURED PARTY'S NAME	ASSIGNOR SECUR		ME: Provide only <u>o</u>	one name	(11a or 11	b)	
1.		ASSIGNOR SECUR	RED PARTY'S NAM SONAL NAME	ME: Provide only <u>o</u>	one name	···	b)	COUNTRY
II.	ADDITIONAL SECURED PARTY'S NAME	ASSIGNOR SECUR		ME: Provide only o		(11a or 11	b) VINITIAL(S)	
1. DR	ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME	ASSIGNOR SECUR		ME: Provide only o		(11a or 11 AL NAME(S)	b) VINITIAL(S)	SUFFIX
11. DR 110	ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	ASSIGNOR SECUR FIRST PER CITY	SONAL NAME	/IE: Provide only <u>o</u>		(11a or 11 AL NAME(S) POSTAL CO	b) VINITIAL(S) DDE	SUFFIX
11. DR 11c	ADDITIONAL SECURED PARTY'S NAME OF 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	ASSIGNOR SECUR FIRST PER CITY	SONAL NAME	/IE: Provide only <u>o</u>		(11a or 11 AL NAME(S) POSTAL CO	b) VINITIAL(S) DDE	SUFFIX
11. DR 11c	ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): the event that any other entity is granted a security inte	ASSIGNOR SECUR FIRST PER CITY	SONAL NAME	/IE: Provide only <u>o</u>		(11a or 11 AL NAME(S) POSTAL CO	b) VINITIAL(S) DDE	SUFFIX
1. DR 11c 2	ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): the event that any other entity is granted a security inte	ASSIGNOR SECUR FIRST PER CITY erest in Seller/Debto evention	SONAL NAME pr's present and f	ME: Provide only <u>o</u>	ADDITIONA STATE	(11a or 11 AL NAME(S) POSTAL CO bles con	b) //INITIAL(S) DDE trary to the	SUFFIX COUNTRY above, the
	ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): the event that any other entity is granted a security inte sured Party asserts a claim to any proceeds thereof rec	ASSIGNOR SECUR FIRST PER CITY erest in Seller/Debto evention	SONAL NAME pr's present and f	ME: Provide only <u>o</u>	ADDITIONA STATE	(11a or 11 AL NAME(S) POSTAL CO bles con	b) //INITIAL(S) DDE trary to the	SUFFIX COUNTRY above, the
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1. DR 11c 2	ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS NDDITIONAL SPACE FOR ITEM 4 (Collateral): the event that any other entity is granted a security inte sured Party asserts a claim to any proceeds thereof rec NJ residents only - This collateral description is within	ASSIGNOR SECUR FIRST PER CITY crest in Seller/Debto ceived by such entit the scope of the N	SONAL NAME or's present and f ly. ew Jersey Unifor	ME: Provide only o	ADDITIONA STATE	(11a or 11 AL NAME(S) POSTAL CO bles con	b) //INITIAL(S) DDE trary to the	SUFFIX COUNTRY above, the
1. DR 110 2.1 110 2.1 100 2.1 100 2.1	ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS NDDITIONAL SPACE FOR ITEM 4 (Collateral): the event that any other entity is granted a security inte sured Party asserts a claim to any proceeds thereof rec NJ residents only - This collateral description is within	ASSIGNOR SECUR FIRST PER CITY crest in Seller/Debto ceived by such entit the scope of the N	SONAL NAME or's present and f ly. ew Jersey Unifor	ME: Provide only o	ADDITION/ STATE receival	(11a or 11 AL NAME(S) POSTAL CC bles con rticle 9 a	b) //INITIAL(S) DDE trary to the t 12A:9-102	SUFFIX COUNTRY above, the 2 and 12A:9-10
1. DR 11c 2. In Se = ol as	ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): the event that any other entity is granted a security inte ured Party asserts a claim to any proceeds thereof rec NJ residents only - This collateral description is within enacted by the state of New Jersey. This FINANCING STATEMENT is to be filed [for record] (or record)	ASSIGNOR SECUE FIRST PER CITY crest in Seller/Debto ceived by such entit the scope of the N	SONAL NAME or's present and f ly. ew Jersey Unifor	ME: Provide only o	ADDITION/ STATE receival	(11a or 11 AL NAME(S) POSTAL CC bles con rticle 9 a	b) //INITIAL(S) DDE trary to the t 12A:9-102	SUFFIX COUNTRY above, the
11. DR 110 I2 In Sec I3.[I3.]	ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): the event that any other entity is granted a security inte cured Party asserts a claim to any proceeds thereof reco NJ residents only - This collateral description is within the event by the state of New Jersey. This FINANCING STATEMENT is to be filed [for record] (or reco REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described if Debtor does not have a record interest):	ASSIGNOR SECUE FIRST PER CITY crest in Seller/Debto ceived by such entit the scope of the N	SONAL NAME or's present and f ty. ew Jersey Unifor INANCING STATEM vers timber to be cut	ME: Provide only o	ADDITION/ STATE receival	(11a or 11 AL NAME(S) POSTAL CC bles con rticle 9 a	b) //INITIAL(S) DDE trary to the t 12A:9-102	SUFFIX COUNTRY above, the 2 and 12A:9-10
1. DR 11c 2. In Se = ol as	ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): the event that any other entity is granted a security inte cured Party asserts a claim to any proceeds thereof reco NJ residents only - This collateral description is within the event by the state of New Jersey. This FINANCING STATEMENT is to be filed [for record] (or reco REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described if Debtor does not have a record interest):	ASSIGNOR SECUE FIRST PER CITY crest in Seller/Debto ceived by such entit the scope of the N	SONAL NAME or's present and f ty. ew Jersey Unifor INANCING STATEM vers timber to be cut	ME: Provide only o	ADDITION/ STATE receival	(11a or 11 AL NAME(S) POSTAL CC bles con rticle 9 a	b) //INITIAL(S) DDE trary to the t 12A:9-102	SUFFIX COUNTRY above, the 2 and 12A:9-10
11. DR 11c 12. J In Sec 13. [15.]	ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral): the event that any other entity is granted a security inte cured Party asserts a claim to any proceeds thereof reco NJ residents only - This collateral description is within the event by the state of New Jersey. This FINANCING STATEMENT is to be filed [for record] (or reco REAL ESTATE RECORDS (if applicable) lame and address of a RECORD OWNER of real estate described if Debtor does not have a record interest):	ASSIGNOR SECUE FIRST PER CITY crest in Seller/Debto ceived by such entit the scope of the N	SONAL NAME or's present and f ty. ew Jersey Unifor INANCING STATEM vers timber to be cut	ME: Provide only o	ADDITION/ STATE receival	(11a or 11 AL NAME(S) POSTAL CC bles con rticle 9 a	b) //INITIAL(S) DDE trary to the t 12A:9-102	SUFFIX COUNTRY above, the 2 and 12A:9-10

RETAIL CAPITAL LLC DBA CREDIBLY File with: Secretary of State, OR

SECURED PARTY COPY - UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 07/01/23)

17. MISCELLANEOUS: 100354502-OR-0