

STATE OF OREGON

Corporation Division - UCC 255 Capitol Street NE, Suite 151 Salem, Or 97310-1327 (503) 986-2200 FilingInOregon.com Oregon Secretary of State

Filing Number: 93985605 Filing Date: Sep 19, 2024 02:17 PM

Filed Electronically

Action: Initial Filing

Debtor -

Individuals Name: Jasmine Stollar Address 1: 695 NE 6th Street

City: Hermiston State: OR, USA Zip Code: 97838

Secured Party -

Organization Name: EOPT Hermiston

Address 1: PO BOX 540640

City: NSL State: UT, USA Zip Code: 84054

Collateral -

Claim # 3764N733H Patient Name: Jasmine Stollar Date of Injury: 3-14-2024

Settlement from State Farm Auto Insurance from Auto accident PO Box 106171 Atlanta, Ga. 30348 Adjuster Vera Yoshida

Phone 855-231-1590 Fax 855-850-6318

Account # 113998-RMT Patient Jasmine Stollar owes EOPT Hermiston the sum of \$515.37 for physical therapy services from 6-13-2024 to 7-11-2024 for a total of 2 visits. EOPT Hermiston to be paid directly

from State Farm Auto Insurance at the time of settlement within 30 days.