
UCC

FILED: NOV 06, 2024 02:21 PM OREGON SECRETARY OF STATE

LIEN NO. 94027980

OM STONE, INC.

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS	•			
A. NAME & PHONE OF CONTACT AT SUBMITTER (option Name: Wolters Kluwer Lien Solutions Phone: 800-33				
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	250473 - GENESIS			
Lien Solutions	<del></del>			
P.O. Box 29071	101498261			
Glendale, CA 91209-9071	OROR			
1	1			
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTA	ACT INFORMATION	THE ABOVE SPACE IS	FOR FILING OFFICE U	SE ONI V
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b		<del></del>		
name will not fit in line 1b, leave all of item 1 blank, check here	_	information in item 10 of the Financing		
1a. ORGANIZATION'S NAME				
OM Stone, Inc.				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	IAME ADDIT	TIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATI	E POSTAL CODE	COUNTRY
1299 NE 25th Ave	[		I	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b	Hillsboro	OR	<u> </u>	USA
OR 26. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME ADDIT	FIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	E POSTAL CODE	COUNTRY
O SECURED DARTY'S MANE OF NAME OF ASSIGNED OF A	COLONOR SECURED BARTY's Brown	do only one Served Body come /3c o	25)	
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of A 3a. ORGANIZATION'S NAME	SSIGNOR SECURED PARTY). PIOVI	de only one Secured Party Hame (Sa o		
First-Citizens Bank and Trust Company				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME ADDIT	TIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
10201 Centurion Pkwy North, Ste 100	Jacksonville	· FL	32256	USA
4. COLLATERAL: This financing statement covers the following of			02200	100/1
This UCC-1 is for informational purposes only as this	is a true lease transaction:			
(1) Laser Printer				
Model No. GALP-025				

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							
6a. Check only if applicable and chec	k <u>only</u> one box:	<u> </u>		6b. Check only if applicabl	e and check only one box:		
Public-Finance Transaction	Manufactured-Home Transacti	on A Debtor is a Trans	mitting Utility	Agricultural Lien	Non-UCC Filing		
7. ALTERNATIVE DESIGNATION (if	applicable): 🔀 Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor		
8. OPTIONAL FILER REFERENCE DATA:							
101498261	05155-04			OM Stone			
				Prenare	d by Lien Solutions P.O. Box 29071		

## **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 9a. ORGANIZATION'S NAME OM Stone, Inc. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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 OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) 10c. MAILING ADDRESS COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME Genesis Commercial Capital, LLC OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 17551 Gillette Ave. Irvine 92614 USA 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): 17. MISCELLANEOUS: 101498261-OR-0 250473 - GENESIS COMMERICAL C Genesis Commercial Capital, LLC 05155-04 OM Stone File with: Secretary of State, OR