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LIEN NO. 94082489 WA

WARREN ALLEN LLP

UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFilling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
3018 76333 CSC 1127 Broadway St. NE, Suite 310 See Below for Secured Party Contact Information	In: Oregon (S.O.S.)			·	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name)	THE ABOVE SPA	ebtor's nan	ne); if any part of t	he Individual D	
1a. ORGANIZATION'S NAME WARREN ALLEN LLP				· 	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		TIAL(S)	SUFFIX
1c. MAILING ADDRESS 10535 NE GLISAN ST., STE 200	CITY PORTLAND	STATE			COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name not fit in line 2b, leave all of item 2 blank, check here	I e; do not omit, modify, or abbreviate any part of the D e Individual Debtor information in item 10 of the Financir				ebtor's name will
2a. ORGANIZATION'S NAME					· ·
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		TIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE		COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE 3a. ORGANIZATION'S NAME KeyBank National Association	I D PARTY): Provide only <u>one</u> Secured Party name (3a	a or 3b)			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INI	TIAL(S)	SUFFIX
3c. MAILING ADDRESS 4910 Tiedeman Road, OH-01-51-0527	CITY Brooklyn	STATE	POSTAL CODE 44144		COUNTRY
A. COLLATERAL: This financing statement covers the following collateral: All inventory, equipment, accounts (including but not limiteral instruments) (including but not limited to all promissory accounts, investment property, money, other rights to not limited to all software and all payment intangibles) minerals and accounts constituting as-extracted collat accessories, fittings, increases, tools, parts, repairs, s and all additions, replacements of and substitutions for relating to the foregoing property; all good will relating software relating to the foregoing property, and all equipmocess any such records and data on electronic med all whether now existing or hereafter arising, whether subject to any rights in the foregoing; and all products	notes), letter-of-credit rights, letter payment and performance, and; all oil, gas and other minerals be eral; all fixtures, all timber to be eupplies, and commingled goods or all or any parts of the foregoing to the foregoing property; all recuipment, inventory and software to any owned or hereafter acquired	ters of general pefore ecut; all relating prope cords a to utiliz relating or wh	credit, doc al intangible extraction; attachmen g to the for rty; all insund data an e, create, and g to the for ether now	uments, es (include all oil, gasts, accessed in accessed in accessed in accessed embed in accessed embed in accessed in access	deposit ding but as, other ssions, roperty, funds ded and property; fter
			ed by a Decedent		
6a. Check only if applicable and check only one box:	_ _	_	applicable and chural Lien	neck <u>only</u> one Non-UCC Fi	
Public-Finance Transaction Manufactured-Home Transaction 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	A Debtor is a Transmitting Utility Consignee/Consignor Seller/Buyer	<u> </u>	lee/Bailor	'	e/Licensor
8. OPTIONAL FILER REFERENCE DATA:	<u> </u>				018 76333

UCC FINANCING STATEMENT ADDENDUM FOLLOWINSTRUCTIONS

9. N	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if lin	e 1b was left t	blank	_			
9a. ORGANIZATION'S NAME			i			•	
	WARREN ALLEN LLP	•					
OR	9b. INDIVIDUAL'S SURNAME	•					*
	FIRST PERSONAL NAME		· —	l			
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
10	DERTOP'S NAME: Provide (100 or 10h) only one additional Debter some or De	hine name the	at did not ft in line			IS FOR FILING OFFICE U	
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Dedo not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing	ng address in	at did not fit in line line 10c	10 or 20 of the Financ	ang Statem	ent (Form UCC1) (use exact,	full name;
	10a, ORGANIZATION'S NAME						
OR	10b. INDIVIDUAL'S SURNAME						
	NON ACUAL OF CICATOR OF COLUMN AND ACUAL OF CO						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
10c.	MAILING ADDRESS	CITY		 	STATE	POSTAL CODE	COUNTRY
						·	
11.		OR SECUE	RED PARTY'S	S NAME: Provide on	ly <u>one</u> nam	e (11a or 11b)	
	11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
110	MAILING ADDRESS	CITY ·			STATE	POSTAL CODE	COUNTRY
12. Of	ADDITIONAL SPACE FOR ITEM 4 (Collateral): or relating to the foregoing property.	•					
•	or rouning to the torogoning proporty.						
				,			
				*			
13.	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	_	ANCING STATEM ers timber to be c		avtracted co	ollateral is filed as a fi	vivre filing
	Name and address of a RECORD OWNER of real estate described in item 16 if Debtor does not have a record interest):		ion of real estate:		sxii acted Ci	is lied as a li	Attire ining
				•			
17.	MISCELLANEOUS:	<u> </u>		<u> </u>			