FILED: MAR 19, 2025 04:02 PM OREGON SECRETARY OF STATE

ucc

LIEN NO. 94132879

IDEBA MARKETING US,

UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294	1					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFilling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
3075 00302 CSC	コ					
1127 Broadway St. NF. Suite 310	I In: Oregon					
SEE BELOW FOR SECURED PARTY CONTACT INFORMAT	(S.O.S.)	THE ABOVE SPA	CE IS FO	R FILING (	OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full not fit in line 1b, leave all of item 1 blank, check here  and provide	ame; do not omit, modify, or abbrevi the Individual Debtor information in i					Debtor's name will
1a. ORGANIZATION'S NAME Ideba Marketing US, Inc.						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 31 Homestead Terrace	Scotch Plains		STATE NJ	07076	DDE	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name of fit in line 2b, leave all of item 2 blank, check here     and provide	me; do not omit, modify, or abbrevi the Individual Debtor information in i					Debtor's name will
2a. ORGANIZATION'S NAME		-	•			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S	)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CO	ODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	RED PARTY): Provide only one Sec	cured Party name (3	a or 3b)	<u> </u>		<u> </u>
3a. ORGANIZATION'S NAME CHTD Company.			,	•		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S	S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. BOX 2576	SPRINGFIELD		STATE IL	62708	ODE	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: Present and future accounts, receivables, chattel pa	ner denosit accounts	nersonal n	roperty	assets	and fixture	25
general intangibles, instruments, equipment and inve						
Commercial Code ("UCC")), wherever located, and v						
acquired by you (collectively, the "Collateral"). THE S REPRESENTATIVE CAPACITY FOR PURPOSES O	SECURED PARTY N DE FORWARDING N	AMED IN 11 OTICES AN	IIS KE	UORD I	S ACTING REGARDII	IN A NG THIS
RECORD. FOR MORE INFORMATION, PLEASE O						
ABOVE OR AT UCCSPREP@CSCINFO.COM						
E Charles and if any limbble and charles and have Collective Towns	/con LICCA Ad item 47 and last at	ions) D	a administra	and has a Dec	dent's Domesa' 5	Panracentation
Check only if applicable and check only one box: Collateral is held in a Trust     6a. Check only if applicable and check only one box:	(see UCC1Ad, item 17 and Instruct				edent's Personal F and check only one	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting		_	ural Lien	Non-UCC F	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Ва	ilee/Bailor	Licens	ee/Licensor
8. OPTIONAL FILER REFERENCE DATA:						3075 00302