



UCC

LIEN NO. 94140037

RICH &amp; PURE LLC

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294	
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  3080 40805 CSC 1127 Broadway St. NE, Suite 310 Salem, OR 97301 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

Filed In: Oregon  
(S.O.S.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME Rich & Pure LLC					
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 4370 SE King Rd #105			CITY Portland	STATE OR	POSTAL CODE 97222
				COUNTRY USA	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE
				COUNTRY	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME JB&B Capital, LLC					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 109 S Northshore Dr Ste 200			CITY Knoxville	STATE TN	POSTAL CODE 37919
				COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

— NOUVADerm with all other parts and attachments listed on Aesthetic Management Partners, Inc. dba Aesthetic Management Partners Customer Purchase Agreement, Reference: 20250315-173602332, Quote created: March 15, 2025 together with all parts, attachments, additions, replacements and repairs incorporated in or affixed thereto; and all proceeds, payments, or rental due thereunder of which equipment described above is subject thereto. Customer acknowledges Final Invoice from Aesthetic Management Partners, Inc. dba Aesthetic Management Partners will contain final equipment details such as serial number(s), model number(s) and invoice number(s). As such, Customer agrees Final Invoice will be considered the official equipment "Description", and will be subject to all terms and conditions set forth in said Equipment Finance Agreement.

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 check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: 14776-004

3080 40805



# EQUIPMENT FINANCE AGREEMENT

109 S Northshore Drive, Suite 200  
Knoxville, TN 37919

Contract ID: 14776-004

## DEBTOR INFORMATION

Debtor Legal Name: Rich & Pure LLC

Address: 4370 SE king Rd #105

City: Portland

State: Oregon

Zip: 97222

Phone: 971-263-7679

Tax ID: 38-3856820

Debtor is a(n): Limited Liability  
Company

Email: richnpure@gmail.com

## EQUIPMENT DESCRIPTION

Qty	DESCRIPTION	SERIAL NUMBERS	VENDOR	AMOUNT
1	NOUVADerm with all other parts and attachments listed on Aesthetic Management Partners, Inc. dba Aesthetic Management Partners Customer Purchase Agreement, Reference: 20250315-173602332, Quote created: March 15, 2025. Customer acknowledges Final Invoice from Aesthetic Management Partners, Inc. dba Aesthetic Management Partners will contain final equipment details such as serial number(s), model number(s) and invoice number(s). As such, Customer agrees Final Invoice will be considered the official equipment "Description", and will be subject to all terms and conditions set forth in said Equipment Finance Agreement.		Aesthetic Management Partners, Inc. dba Aesthetic Management Partners	\$139,900.00

Total Cost of Financed Equipment: \$139,900.00

We hereby agree the goods or other personal property described above or in any Schedule or any Exhibit, to this Agreement, to include copies of vendor invoices has been delivered and is acceptable in all respects OR such goods or other property has not been delivered but we hereby authorize you to make payment to the Vendor in order to initiate delivery. Disbursement of funds by JB&B Capital, LLC in accordance with the foregoing instructions shall constitute payment and delivery to and receipt by us of any and all such proceeds.

## INSTALLMENT SCHEDULE

FOR VALUE RECEIVED, the undersigned Debtor (referred to throughout this Agreement as "**Debtor**", "**we**", "**us**", "**our**" and "**ours**" including its successors and assigns), jointly and severally, if more than one, unconditionally, and without setoff or defense, promises to pay to the order of JB&B Capital, LLC including its successors and assigns, (referred to throughout this Agreement as "**Creditor**", "**you**", "**your**" and "**yours**"), at 109 S Northshore Drive, Suite 200, Knoxville, TN 37919 or at such address as you or any subsequent holder of this Equipment Finance Agreement (this "**Agreement**") the amounts set forth below in advance each period set forth below through the entire Term of this Agreement.

Term	Monthly Installments	Additional Terms	Payment Date
63 Months	3 @ \$99.00 60 @ \$3,046.65	All Payments Plus, Applicable Taxes	Due the 1 <sup>st</sup> , 5 <sup>th</sup> , 15 <sup>th</sup> , or 20 <sup>th</sup> day of each month beginning in
	First Payment in Advance		(For Internal Use Only)

Installment payments are due on the above "Payment Dates". If any installment is not paid within ten (10) days of when the same comes due, we will pay a late charge of 10% of the overdue installment or Ten Dollars (\$10.00), whichever is greater, provided such amount does not exceed the maximum amount permitted under applicable law. The payments on this Agreement are calculated at an interest rate of 10.4100 %. See Section 12 for more details.

## DEBTOR CERTIFICATION

**WE CERTIFY THAT THIS IS A COMMERCIAL TRANSACTION AND THAT NEITHER THE FUNDS ADVANCED BY YOU HEREUNDER NOR THE COLLATERAL WILL BE USED FOR PERSONAL, HOUSEHOLD OR FAMILY PURPOSES.**

This Agreement is subject to the further terms and conditions set forth on Pages 2 through 5 which are made a part hereof, and we acknowledge that we have read this Agreement, were provided with a reasonable opportunity to consult with counsel regarding the interpretation and effect of this Agreement, and were provided with a copy of this Agreement for our records. We agree that a facsimile, and/or an electronic copy of this Agreement with a facsimile of our signature may be treated as an original and will be admissible as the best evidence of the Agreement.

## CREDITOR ACCEPTANCE

ACCEPTED BY CREDITOR  
JB&B Capital, LLC

DocuSigned by:  
**X** Danyele Miller  
AUTHORIZED SIGNATURE  
053E7D030172461...

Printed Name: Danyele Miller

Signor Title: CFO

Date: 3/21/2025 | 4:49 PM EDT

## DEBTOR SIGNATURE

ACCEPTED BY DEBTOR  
Rich & Pure LLC

Signed by:  
**X** April Thuy Truong  
INTENDING TO BE LEGALLY BOUND: AUTHORIZED SIGNATURE

Printed Name: April Thuy Truong

Signor Title: Owner

Date: 3/21/2025 | 12:50 PM PDT



## Customer Purchase Agreement

Oregon Laser and Wellness  
4370 SE King Rd #105  
Milwaukie, OR 97222  
United States

Aesthetic Management Partners, LLC  
9109 Macon Rd  
  
Cordova, TN 38016  
US

April Truong  
richnpure@gmail.com  
971-263-7679

Prepared by: John Richardson  
  
john.richardson@amplifmd.com  
+15038583642

Reference: 20250315-173602332  
Quote created: March 15, 2025  
Quote expires: March 16, 2025

PRODUCTS & SERVICES	QUANTITY	PRICE
NOUVADerm - Ablative Resurfacing Module - Non-ablative Resurfacing Module - Sub-ablative Resurfacing Module - Scalp Support (Hair) Module - 1 Year Manufacturer's Warranty - 1 Full Day of Inservice Training  Training Kit: EXO E Skin Revitalizing Complex Mastercase - 10x - D TOX 15ml - 10x - EXO E Single Patient Syringes - 10x - RE PAIR 15ml DE RIVE Hair Support Mastercase - 10x - DE RIVE Single Patient Syringes - 10x - DE RIVE 60ml Take-Home Application	1	\$229,900.00

PRODUCTS & SERVICES	QUANTITY	PRICE
NouvaDerm Starter Pack 5 De Rive Mastercases 5 cs of 60ml takehome 3 Exo E Mastercase 30-30ml Dtox 30-30ml Repair 2 case of Shampoo 2 case of Conditioner	1	\$20,000.00
CIS 30/60/90 Package	1	\$20,000.00
AMP Growth Consultant Event	1	\$7,500.00
Clearskin Advanced Training Two-day advanced training in Phoenix at the Clearskin Institute.  **Clearskin Advanced Training MUST be scheduled within 6 months of device purchase and completed within 12 months of device purchase**	1	\$7,000.00
<b>SUMMARY</b>		
One-time subtotal		\$284,400.00
AMP NEWPORT BEACH - AGNES CREDIT		(\$144,500.00)

<b>Total</b>	<b>\$139,900.00</b>
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<b>Comments</b>
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<p><b>ACCEPTANCE OF AGREEMENT</b></p> <p>By signing below, Customer is representing to Aesthetic Management Partners, LLC ("Company") that it: (1) has read, understands and accepts the terms of the Customer Purchase Agreement and the Terms and Conditions Addendum, which is available at <a href="https://aestheticmanagementpartners.com/terms-us/">https://aestheticmanagementpartners.com/terms-us/</a> and incorporated herein by reference, (collectively the "Agreement"); (2) has the requisite authority to consent to execute and deliver this Agreement to Company; (3) has the required licenses and permits from the applicable state medical review board and/or local government to operate the product(s) (the "System") purchased through this Agreement; (4) is binding itself for the purchase of the System and/or services described above pursuant to the specified payment terms; (5) will maintain its corporate, company, and/or partnership status with its state of location during the period of the Agreement; and, (6) will ensure that all staff clinicians and employees who may use or operate the System have the requisite licenses and permits from the applicable state medical review board and/or local government.</p>
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Signature

DocuSigned by:  
  
390943988088490...

Signature

3/15/2025

Date

April Truong

Printed name