



UCC

LIEN NO. 94142513

CLEANVIBES VENDING,

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 21088 - United Midwest	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	103458977 OROR
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

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 CLEANVIBES VENDING, INC.				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3820 S RIVER PKWY, APT 1007		CITY Portland	STATE OR	POSTAL CODE 97239-4846
			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 United Midwest Savings Bank, NA				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 955 County Line Road West		CITY Westerville	STATE OH	POSTAL CODE 43082
			COUNTRY USA	

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

This refers to SBA Loan: COLLATERAL: This financing statement covers the following collateral: All assets and property including but not limited to the following:

All equipment and machinery, including power-driven machinery and equipment, furniture now owned or hereafter acquired, together with all replacements thereof, all attachments, accessories, parts and tools belonging thereto or for use in connections therewith, wherever located.

All goods and accessions. All inventory, raw materials, work in process and supplies now owned or hereafter required.

All accounts, deposit accounts, accounts receivable now outstanding or hereafter arising, and all books, and records pertaining hereto and all additions, substitutions, replacements and proceeds thereof.

All contract rights, documents, instruments, and promissory notes, investments property, chattel Paper, general intangibles and payment intangibles now in force or hereafter acquired, including good will and all other assets, leases, rights to leases or leased properties.

All of the above, whether now or hereafter owned and whenever located and the proceeds thereof.

Including Exhibit A.

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:

103458977

OPS-FLXX4342



HealthyYOU Vending
 1366 S Legend Hills Drive
 Clearfield, UT 84015
 Phone: 801-444-0727

Invoice
10324swam

Date: 2/18/25

CleanVibes Vending Inc

3820 S River pkwy #1007
 Portland, OR 97239

Wiring Instructions: Chase Bank

1275 N. Hill Field Rd.
 Layton, UT 84041
 800-788-7000
 Routing Number: 124001545
 Account Number: 593596692
 Company Name: HealthyYOU Vending, LLC
 Amount to Wire: \$68,520.00

Package:				
6 HealthyYOU Vending machines				
<u>Qty</u>	<u>Description</u>	<u>Investment</u>	<u>Shipping</u>	<u>Total</u>
6	HealthyYOU Vending Machines	\$62,400.00	\$6,120.00	\$ 68,520.00
	Model year 2025 (serial numbers below)			\$ -
				\$ -
Sales tax				\$ -
Total				\$ 68,520.00
Balance due				\$ 68,520.00

HealthyYOU Vending Machine Serial Numbers- Model year 2025, price per machine is \$10,400

HY2198 B7835
 HY2198 B7834
 HY2198 B7833
 HY2198 B7832
 HY2198 B7831
 HY2198 B7830

Machines Include:

- Bill Validator/Stacker & Coin Acceptor for each machine
- Smartphone/NFC Credit Card Reader for each machine
- RemotePlus™ Monitoring Package
- eManage™ Vending Management Software
- SmartWarePro360

