



UCC

LIEN NO. 94156288

FIRST LLC

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) <b>CORPSMART LLC</b> +1 (800) 737-8012	
B. E-MAIL CONTACT AT SUBMITTER (optional) <b>FILINGS@CORP-SMART.COM</b>	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>CORPSMART</b> <b>106 5th Ave SE</b> <b>Olympia, WA 98501</b>	
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 (3a or 3b) (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).

3a. ORGANIZATION'S NAME <b>First LLC</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>2660 SE 39th Loop Suite A</b>		CITY <b>Hillsboro</b>	STATE <b>OR</b>	POSTAL CODE <b>97123</b>
				COUNTRY <b>United States</b>

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 <b>ReadyCap Lending, LLC</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>200 Connell Drive, Suite 4000</b>		CITY <b>Berkeley Heights</b>	STATE <b>NJ</b>	POSTAL CODE <b>07922</b>
				COUNTRY <b>United States</b>

4. 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 and fixtures now owned or hereafter acquired, together with all replacements thereof, all attachments, accessories, accessions, 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 acquired.

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

All contract rights, documents, instruments and promissory notes, investment 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 wherever located and the proceeds thereof.

All the described collateral falls within the scope of Article 9 as enacted by the state.

5. Check only if applicable and check only one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Debtor's Personal Representative	
6a. Check only if applicable and check only one box: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	
6b. Check only if applicable and check only one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)