

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  
**WW Payment Systems 360-314-2004**

B. E-MAIL CONTACT AT SUBMITTER (optional)  
**carrierservices@wwpaysys.com**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**WW Payment Systems  
7720 NE HWY 99, Ste D-242  
Vancouver, WA 98665**

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

FILED: MAY 01, 2025 04:30 PM  
OREGON SECRETARY OF STATE



UCC LIEN NO. 94181278 MYA TRANSPORT LLC

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 <b>MYA Transport LLC</b>						
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>80738 Kik Rd</b>			CITY <b>Hermiston</b>	STATE <b>OR</b>	POSTAL CODE <b>97838</b>	COUNTRY <b>US</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 <b>Garcia</b>		FIRST PERSONAL NAME <b>Alejandra</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS <b>80738 Kik Rd</b>			CITY <b>Hermiston</b>	STATE <b>OR</b>	POSTAL CODE <b>97838</b>	COUNTRY <b>US</b>

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>W W Payment Systems, Inc.</b>						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>7720 NE HWY 99, Ste D-242</b>			CITY <b>Vancouver</b>	STATE <b>WA</b>	POSTAL CODE <b>98665</b>	COUNTRY <b>US</b>

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

All accounts receivable and contracts receivable now owned or hereafter acquired, but not limited to, all documents relative to freight contracts, bills of lading, weight tickets and any other proof of delivery documentation.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative			
6a. Check <u>only</u> if applicable and check <u>only</u> 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 <u>only</u> if applicable and check <u>only</u> 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/Licensor			
8. OPTIONAL FILER REFERENCE DATA:			