



UCC

LIEN NO. 94182191

MD1313 EUGENE INC.

UCC FINANCING STATEMENT**FOLLOW INSTRUCTIONS**

A. NAME & PHONE OF CONTACT AT FILER [optional]

Accu-Pay Servicing

B. E-MAIL CONTACT AT FILER [optional]

kerrie@accupayservicing.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Accu-Pay Servicing LLC
1201 Oak Street, Suite 200
Eugene, OR 97401

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

MD1313 Eugene Inc.

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

11102 NE 120th Ave

CITY

Vancouver

STATE

WA

POSTAL CODE

98682

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

Accu-Pay Servicing

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

PO Box 11198

CITY

Eugene

STATE

OR

POSTAL CODE

97440

COUNTRY

USA

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

All Furniture, Fixtures, and Equipment related to Real Property commonly known as 42840 McKenzie Hwy Leaburg OR 97489 APN #0547503, Map/Tax Lot #17-15-10-24-01900 in Lane County, Oregon.

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 Representative6. Check only if applicable and check only one box☐ Public Finance Transaction☐ A Debtor is a Transmitting Utility

7. ALTERNATIVE DESIGNATION (if applicable):

☐ Lessee/Lessor☐ Consignee/Consignor☐ Seller/Buyer☐ Bailee/Bailor☐ Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA