FILED: MAY 16, 2025 01:55 PM **OREGON SECRETARY OF STATE** 

UCC

	LLOW INSTRUCTIONS						
	NAME & PHONE OF CONTACT AT SUBMITTER (optioname: Wolters Kluwer Lien Solutions Phone: 800-33		18-662-4141				
В.	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	<del></del>					
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8644 - JPMORGAN							
[	Lien Solutions 10418 P.O. Box 29071 Glendale, CA 91209-9071 OROR		<b>—</b>				
Į	File with: Secretary of State, OR  SEE BELOW FOR SECURED PARTY CONTA	ACT INFORMA	TION	THE ABOVE SPA	CE IS FO	OR FILING OFFICE USE	ONLY
	EBTOR'S NAME: Provide only one Debtor name (1a or 1b						
name will not fit in fine 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 IBRIDGE LLC						
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. l	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
18	20 NW 124TH WAY		CORAL SPRINGS		FL	33071	USA
2. D	EBTOR'S NAME: Provide only one Debtor name (2a or 2b	) (use exact, full na	ame; do not omit, modify, or	abbreviate any part of		's name); if any part of the In	
na	me 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)						
	28. UNDANIZATION STRAME						
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. I	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. S	ECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SSIGNOR SECUR	ED PARTY): Provide only o	one Secured Party nam	e (3a or 31	) )	
	3a. ORGANIZATION'S NAME JPMorgan Chase Bank, NA						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
3c.	I MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
<u>P.</u>	O. Box 6026, IL1-1145		Chicago		IL	60680-6026	USA
All l	OLLATERAL: This financing statement covers the following or inventory, Chattel Paper, Accounts, Equipment and litions, replacements, and substitutions relating to a of the foregoing (including insurance, general inta	d General Intai any of the fore	going; all records of a	ny kind relating to			
	heck <u>only</u> if applicable and check <u>only</u> one box: Collateral is [	held in a Trust (:	see UCC1Ad, item 17 and			ed by a Decedent's Persona	
6a. Check only if applicable and check only one box:  6b. Check only if applicable and check only one box:							
_	Public-Finance Transaction Manufactured-Home		A Debtor is a Transmit			ural Lien Non-UCC	
	LTERNATIVE DESIGNATION (if applicable): Lessee/Les	ssorCo	onsignee/Consignor	Seller/Buyer	Bail	ee/Bailor Licens	ee/Licensor

**IBRIDGE LLC** 

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