



UCC FINANCING STATEMENT
 FOLLOW INSTRUCTIONS

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|---|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Sophia Guernsey 442-218-2550 |
| B. E-MAIL CONTACT AT SUBMITTER (optional) fulfillment@middesk.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Middesk, Inc. 85 2nd Street, Suite 710 San Francisco, CA 94105 |

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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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 La Carreta Pura Vida LLC | OR | | |
| 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 126 Southwest 2nd Avenue | CITY Portland | STATE OR | POSTAL CODE 97204 |
| | | 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 WebBank, its successors and assignees | OR | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS 215 South State Street, Ste 1000 | CITY Salt Lake City | STATE UT | POSTAL CODE 84111 |
| | | COUNTRY USA | |

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

All accounts receivable, other rights of payment of Borrower, and payments made to Borrower, however made, including, but not limited to, payments by cash, check, ACH, wire transfer or other electronic transfer, and Payment Card Receipts, in each case, arising out of the sale of goods and services by Borrower, together with all proceeds, including cash proceeds, of such receivables, rights of payment, and payments, now existing or hereafter created.

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| 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 Transmilling 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/Licenser | |

8. OPTIONAL FILER REFERENCE DATA:
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