



UCC LIEN NO. 94250503 SPICEWORKS, LLC

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRfiling@cscglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="display: flex; justify-content: space-between;"> <div> <p>4126 247 CSC 1127 Broadway St. NE, Suite 310 Salem, OR 97301</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Filed In: OR Secretary Of State</p> </div> </div> <p style="text-align: center; margin-top: 10px;">SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</p>

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 SPICEWORKS, LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	3641 NW FRONT AVE.	CITY PORTLAND	STATE OR	POSTAL CODE 97210 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 OREGON PACIFIC BANK				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	1045 WILLAGILLESPIE RD STE 1	CITY EUGENE	STATE OR	POSTAL CODE 97401 COUNTRY USA

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

All inventory, equipment, fixtures, accounts, chattel paper, documents, contract rights, instruments, general intangibles, deposit accounts, certificates of deposit, investment property, and letter of credit rights, and all products and proceeds of any of the foregoing (including insurance, general intangible and account proceeds). Other than the sale or lease of inventory in the ordinary course of Debtor's business, the transfer or pledge to another party of any of the above-referenced collateral violates the rights of Secured Party, and Secured Party does not consent to any such transfer or pledge.

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 Representative

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

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