

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
David Frankel

B. E-MAIL CONTACT AT SUBMITTER (optional)
david@frankel.law

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

David Frankel Frankel Law Group
428 J Street, Ste. 400
Sacramento, CA 95814

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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OREGON SECRETARY OF STATE



UCC LIEN NO. 94267646 DREAMS DISPENSARY LL

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
Dreams Dispensary LLC

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
1000 Obie St. Suite A Eugene OR 97402 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
EHC Holdings LLC

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
1980 Willamette Falls Dr., Ste. 120 PMB 117 West Linn OR 97068 USA

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

- a) the Oregon Liquor Control Commission license numbers 050 1002612F763, and 050 10047072831 (each a "License" and collectively, the "Licenses");
- b) all of the inventory and finished goods in the possession, custody, or control of Debtor arising from, derived from, and/or related to the Licenses (together, "Inventory"), located 1000 Obie St. Suite A Eugene, OR 97402, and/or at 1111 Willamette Street, Eugene, OR 97402;
- c) all proceeds of/from any of the Inventory, including money and deposit accounts;
- d) books of account and records relating to the Licenses and Inventory;
- e) contracts rights or rights to the payment of money, insurance claims, and proceeds relating to or from the Licenses and Inventory; and
- f) all personal property, furniture, fixtures and equipment located at 1000 Obie St., Eugene, OR 97402 or 1111 Willamette Street, Eugene, OR 97402 and used.

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 Agricultural Lien Non-UCC Filing

6b. Check only if applicable and check only one box: Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: