

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) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Middesk, Inc. 85 2nd Street, Suite 710 San Francisco, CA 94105 </div> <p style="text-align: center;">SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</p> |

FILED: AUG 07, 2025 04:44 PM
OREGON SECRETARY OF STATE



UCC LIEN NO. 94271311 KC ADVANCED AESTHETI
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)

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|--|--------------------------|------------------------|-------------------------------|-----------------------------|
| 1a. ORGANIZATION'S NAME KC ADVANCED AESTHETICS LLC | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 2214 Middle Fork Circle | | CITY Seaside | STATE OR | POSTAL CODE 97138 |
| | | | | 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)

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|-------------------------|--------------------------|---------------------|-------------------------------|-------------|
| 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)

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|---|--------------------------|---------------------------|-------------------------------|-----------------------------|
| 3a. ORGANIZATION'S NAME Dext Capital, LLC | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 3c. MAILING ADDRESS PO Box 1969 | | CITY Lake Grove | STATE OR | POSTAL CODE 97035 |
| | | | | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
 This filing covers the following properties, assets and rights of Debtor (collectively the "Collateral"): (a) all Accounts; (b) all Chattel Paper (including Tangible Chattel Paper and Electronic Chattel Paper); (c) all Instruments; (d) all Goods, including without limitation (i) Equipment, (ii) motor vehicles, (iii) Inventory, (iv) Farm Products, (v) Accessions, and (vi) As-Extracted Collateral; (e) all Documents; (f) all General Intangibles (including, without limitation, payment intangibles and software); (g) all Deposit Accounts; (h) all Letter-of-Credit Rights; (i) all Investment Property; (j) all Supporting Obligations; (k) any records and data relating to any of the foregoing, whether in the form of a writing, photograph, microfilm, microfiche, or electronic media, together with all of Borrower's right, title and interest in and to all computer software required to utilize, create, maintain, and process any such records or data on electronic media; and (l) any and all proceeds of any of the foregoing, including insurance proceeds or other proceeds from the sale, destruction, loss, or other disposition of any of any of the foregoing, and sums due from a third party who has damaged or destroyed any of the foregoing or from that party's insurer, whether due to judgment, settlement or other process (capitalized terms that used in this Exhibit without definition herein or in the Security Agreement shall have the meanings attributed to such terms in the Uniform Commercial Code as in effect in the State of Oregon on the date of this Agreement).

Including but not limited to: (1) Spectrum Fully Loaded and (1) Pixel8 with Chiller as listed on the Rohrer Aesthetics Quote #EST7114 dated 7/21/2025; with any and all attachments and accessories thereto

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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 Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | |
| 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor | |
| 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/Licensor | |

8. OPTIONAL FILER REFERENCE DATA:
a6gQI000004InW11A1