UCC FINANCING STATEMENT			i de la compansión de la	/B21 - 12 - 12 - 1	
FOLLOW INSTRUCTIONS		<i>VZ/23.</i>	/2016 10:19AM	<i>00</i> 0001 #6182 0010	
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		1		UCC	\$15.0
B. E-MAIL CONTACT AT FILER (optional)		1		CHECK	\$15.O
CLS-CTLS_Glendale_Customer_Service@wolte C. SEND ACKNOWLEDGMENT TO: (Name and Address)				3 23, 2016 02:39 PM	
CT Lien Solutions 52613471 P.O. Box 29071 Glendale, CA 91209-9071 P.O. Box 29071 CT Lien Solutions 52613471				CRETARY OF STAT	
1	OKOK	UCC	LIEN NO	90733552 1020	WALL STREET, LL
File with: Secretary of State,	OR			OR FILING OFFICE U	
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 [1a. ORGANIZATION'S NAME]	and provide the Individual Debt	or information in item 10 of	the Financing Sta	tement Addendum (Form	UCC1Ad)
1020 WALL STREET, LLC				·	
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	- ·	STATE	POSTAL CODE	COUNTRY
2438 NW 17TH AVENUE	PORTLAND		OR	97212	USA
2a. ORGANIZATION'S NAME DR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	СІТУ		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SSIGNOR SECURED PARTY): Pro	vide only <u>one</u> Secured Pa	rty name (3a or 3b)	l
3a. ORGANIZATION'S NAME First Republic Bank					
DR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
111 Pine Street	San Francis	sco	CA	94111	USA
Exhibit "A" and "B" All of the following personal property of Debtor, wheth situated in or upon, forming a part of, appurtenant to, operatining to, the Real Property LOCATED AT PARCE 27702: (a) all of the income, rents, royalties, issues, profits, rob) all of the estate, interest or other claim or demand given to utility companies by Debtor with respect to sunade by Debtor with respect thereto, and all claims or companies of all building service equipment, building materials, apparention or distribution of air water, best electricity.	or arising from the use or elect I: 1020 WALL STREET, evenue and other benefits of in and to such real propert ch real property and the imore demands with respect to insupplies, machinery, boilers	njoyment of all or any BEND, OR 97212 All of any and all of such y, including (but not li provements thereon, nsurance or such dep s, equipment (includin	portion of, or to ND PARCEL II real property; mited to) all de all advance particularly but not limit ng, but not limit	rom any lease or action and lease or action an	greement EET, BEND, OR r other security e premiums for the
generation or distribution of air, water, heat, electricity purposes, or for the removal of dust, refuse or garbagon 5. Check only if applicable and check only one box: Collateral is	, light, fuel or refrigeration, tell), partitions, appliances, rate held in a Trust (see UCC1Ad, ite	nges, refrigerators, c	abinets, laund	poses, for sanitary or ry equipment, awnin ed by a Decedent's Persi	gs, window
Sa. Check only if applicable and check only one box:				if applicable and check o	
Public-Finance Transaction Manufactured-Home	Transaction	a Transmitting Utility	Agricult	ural Lien 🔲 Non-UC	:C Filing

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

17-557185-6

Licensee/Licensor

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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA:

52613471

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME 1020 WALL STREET, LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE CITY STATE COUNTRY ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) <u>or</u> 11a, ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): shades, venetian blinds, drapes and drapery rods and brackets, screens, carpeting and other floor coverings, furnishings and swimming pool equipment, incinerators, jettings and parts relating to the construction of the Property; (d) all governmental permits relating to construction; (e) all water stock relating to such real property, all shares of stock or other evidence of ownership of any part of such real property that is owned by Debtor in common with others, and all documents of membership in any owners' or members' association or similar group having responsibility for managing or operating any part of such real property; 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest);

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> Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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