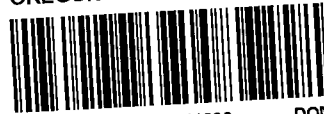


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OREGON SECRETARY OF STATE



LIEN NO. 90741690

DOMENICO, MICHAEL

UCC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) MEGAN TONDREAU 800-877-2345
B. E-MAIL CONTACT AT FILER (optional) MTONDREAU@FIGFCU.ORG
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Farmers Insurance Group FCU PO Box 36911 Los Angeles, CA 90036

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				
OR	1b. INDIVIDUAL'S SURNAME Domenico	FIRST PERSONAL NAME Michael	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 7040 Se 35th Ave	CITY Portland	STATE OR	POSTAL CODE 97202	COUNTRY

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 Farmers Insurance Group Federal Credit Union				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P O Box 36911	CITY Los Angeles	STATE CA	POSTAL CODE 90036	COUNTRY

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

ALL PRESENT AND FUTURE APPOINTMENT AGREEMENT RECEIVABLES; CONTRACT VALUE AND ALL OTHER RIGHTS AND INTEREST TO PAYMENT OF MONEY NOW OWNED OR HEREAFTER ACQUIRED, WHETHER DUE OR TO BECOME DUE AND WHETHER OR NOT EARNED BY PERFORMANCE, INCLUDING WITHOUT LIMITATION, ALL PRESENT AND FUTURE RECEIVABLES, MONEY, ACCOUNTS, CONTRACT RIGHTS, PRODUCTION AND SERVICE, COMMISSIONS, FOLIO CHECKS, CLAIMS, INCOME, BONUSES, AND OTHER COMPENSATION AS SPECIFIED IN THE FARMERS INSURANCE GROUP OF COMPANIES AGENCY APPOINTMENT AGREEMENT BETWEEN Michael Domenico AND THE COMPANIES WHICH OPERATE AND/OR DO BUSINESS AS PART OF OR UNDER THE TRADEMARK NAME OF FARMERS INSURANCE GROUP OF COMPANIES, THEIR AFFILIATES, SUCCESSORS OR ASSIGNEES; AND THE FOLIO DEDUCTIONS DUE ON A MONTHLY BASIS, AS SPECIFIED IN THE NOTE, SECURITY AGREEMENT AND FEDERAL DISCLOSURE STATEMENT.

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:
172433 Domenico