



LIEN NO. 90762237

APEX DEVELOPMENT GRO

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

UCC

A. NAME & PHONE OF CONTACT AT FILER (optional)  
Corporation Service Company 1-800-858-5294

B. E-MAIL CONTACT AT FILER (optional)  
SPRFilr

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Comp  
1127 Broadway St NE  
Suite 310  
Salem, OR 97301

Filed In: Oregon  
(S.O.S.)

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 APEX DEVELOPMENT GROUP, INC.

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

1c. MAILING ADDRESS 4000 KRUSE WAY PLACE BUILDING #3, SUITE 130 CITY LAKE OSWEGO STATE OR POSTAL CODE 97035 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 SUBGRRRL INC

OR  
2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS 4000 KRUSE WAY PLACE BUILDING #3, SUITE 130 CITY LAKE OSWEGO STATE OR POSTAL CODE 97035 COUNTRY USA

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 Northwest Bank

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

3c. MAILING ADDRESS 4900 Meadows Road Suite 410 CITY Lake Oswego STATE OR POSTAL CODE 97035 COUNTRY USA

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

All of Grantor's property of every kind and nature, whether now owned or hereafter acquired, wherever located, and whether tangible or intangible, including, but not limited to, all of Grantor's Accounts, Books and Records, Cash, Certificates of Title, Chattel Paper, Rights to Payment Under Contracts, Customer Lists, Deposit Accounts, Documents, Electronic Chattel Paper, Equipment, Fixtures, Furniture, General Intangibles, Goods of every kind and nature, Instruments, Inventory, Investment Property, Leasehold Improvements, Letter of Credit Rights, Machinery, Payment Intangibles, Rights to Payment of every kind and nature, Securities, Software and all related licenses for use, Supplies, Trade Fixtures, Trade Names, Trade Styles, and all rights to any payments, royalties, transfer and franchise fees, commissions or other proceeds under the Development Agent Agreements (Contract No. 524 and 575) between Doctor's Associates Inc. and one or more of Grantors, including any and all accessions, accessories, substitutions, additions, replacements, and parts obtained, acquired, affixed to, incorporated into, made part of, or used in connection with any of the foregoing, together with the proceeds and products of and revenue of every kind and nature arising out of all of the foregoing, and (collectively, the "Collateral")

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:

113337834

# 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

APEX DEVELOPMENT GROUP, INC.

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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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 SUBSTRATA, INC.

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS 4000 KRUSE WAY PLACE  
BUILDING #3, SUITE 130

CITY  
LAKE OSWEGO

STATE  
OR

POSTAL CODE  
97035

COUNTRY  
USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

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):

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ 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 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

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APEX DEVELOPMENT GROUP, INC.

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

STARR

INDIVIDUAL'S FIRST PERSONAL NAME

MATTHEW

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

AUSTIN

SUFFIX

10c. MAILING ADDRESS 2324 SE 45TH AVENUE

CITY  
PORTLAND

STATE  
OR

POSTAL CODE  
97215

COUNTRY  
USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

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

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9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

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10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

BLANDEN

INDIVIDUAL'S FIRST PERSONAL NAME

MICHELE

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

PHIPPS

SUFFIX

10c. MAILING ADDRESS 14113 AMBERWOOD CIRCLE

CITY  
LAKE OSWEGO

STATE  
OR

POSTAL CODE  
97035-8753

COUNTRY  
USA

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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