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FILED: DEC 03, 2021 03:06 PM OREGON SECRETARY OF STATE



		UCC LIEN NO. 93013237 AT YOUR PACE ONLINE,				
UCC FINANCING STATEMENT					JIILIIVE,	
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)						
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
	— — I					
CSC						
1127 Broadway St NE Suite 310						
Salem, OR 97301						
	1 -					
		THE	ABOVE SPACE IS FO	R FILING OFFICE USE	ONLY	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here an	exact, full name; do not omit, r d provide the Individual Debto					
1a. ORGANIZATION'S NAME AT YOUR PACE ONLINE, LLC.			<u></u>			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
1383 2nd Ave.	Gold Hill		OR	97525	USA	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use on name will not fit in line 2b, leave all of item 2 blank, check here and an	exact, full name; do not omit, r					
OR						
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	OR SECURED PARTY); Prov	ride only one Sec	ured Party name (3a or 3b)	1	
3a. ORGANIZATION'S NAME BSP Agency, LLC as Agent		7, 22-2				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	LNAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)		
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
9 West 57th Street, Suite 4920	New York	ζ.	NY	10019	USA	
4. COLLATERAL: This financing statement covers the following collaters All of the Debtor's right, title and interest, whether the proceeds and products, whether tangible or	her now existing or	hereafter a	cquired, in and to	all assets of the I	Debtor, and	
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral isheld i	n a Trust (see UCC1Ad, item	17 and Instruction	ns) being administer	ed by a Decedent's Person	al Representativ	
6a. Check only if applicable and check only one box:			6b. Check only if applicable and check only one box:			

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:	6b. 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
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: File with Oregon Secretary of State	A