		FILED: OCT 03, 202				
	UCC	DREGON SECRETARY		EMIC, LLC		
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)		l				
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 8 B. E-MAIL CONTACT AT SUBMITTER (optional)		`.				
uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8644 - JPMORGAN						
P.O. Box 29071	95329159 OROR					
Glendale, CA 91209-9071 OROR						
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE			E SPACE IS FOR FILING OFFICE USE ONLY			
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full relationship)		-				
name will not fit in line 1b, leave all of item 1 blank, check here and provide the analysis of the late of the analysis of the late of th	he Individual Debtor	information in item 10 of th	e Financing Sta	tement Addendum (Form L	JCC1Ad)	
Causemic, LLC						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	RST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
4357 NE 34th Ave	Portland		OR	97211	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r						
name will not fit in line 2b, leave all of item 2 blank, check here and provide the accordance of the control of the accordance of the control of the contro	ne individual Debtor	information in item 10 of th	e Financing Sta	tement Addendum (Form C	CC1Ad)	
OR ON INDIVIDUAL'S SUBMANE						
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	RED PARTY): Prov	de only <u>one</u> Secured Party	name (3a or 3t))		
3a. ORGANIZATION'S NAME JPMorgan Chase Bank, NA						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX	
3c. MAILING ADDRESS	City		STATE	POSTAL CODE	COUNTRY	
P.O. Box 6026, IL1-1145 4. COLLATERAL: This financing statement covers the following collateral:	Chicago		I IL	60680-6026	USA	
All Inventory, Chattel Paper, Accounts, Equipment and General Inta additions, replacements, and substitutions relating to any of the fore any of the foregoing (including insurance, general intangibles and o	egoing; all reco	ds of any kind relating				
			,			
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 6b. Check only if applicable and check only one box:			
6a. 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		

Consignee/Consignor

Licensee/Licensor

Bailee/Bailor

Causemic, LLC

Seller/Buyer

0000177341

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

8. OPTIONAL FILER REFERENCE DATA:

95329159