| Loanpal, LI | ne request of and | | | |
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| CO FINIANIONIO CELETTICO | ded return to: .C | | | |
| CC FINANCING STATEMENT LLOW INSTRUCTIONS | | | | |
| NAME & PHONE OF CONTACT AT FILER (optional) | | | | |
| E-MAIL CONTACT AT FILER (optional) | | | | |
| filings@loanpalsupport.com SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | |
| | ¬ l | | | |
| Loanpal, LLC PO Box 4387 | | | | |
| Portland, OR 97208 | | | | |
| | 1 | | | |
| | THE AB | OVE SPACE IS FO | OR FILING OFFICE USE | ONLY |
| DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ename will not fit in line 1b, leave all of item 1 blank, check here and and 1a. ORGANIZATION'S NAME | xact, full name; do not omit, modify, or abbreviate I provide the Individual Debtor information in item | any part of the Debto 10 of the Financing St | r's name); if any part of the Ir atement Addendum (Form U | idividual Debt CC1Ad) |
| 1b. INDIVIDUAL'S SURNAME | [5:007.05000W.W.W. | | · · · · · · · · · · · · · · · · · · · | |
| James | Rita | ADDITIO | ADDITIONAL NAME(S)/INITIAL(S) SUFF | |
| MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 11 W 1725 N DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ex | CEDAR CITY | UT | 84721-9706 | USA |
| MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO | OR SECURED PARTY): Provide only one Secured | Portugame (3a or 2) | | USA |
| 3a, ORGANIZATION'S NAME | occurred the secured of the secured | raity hame (sa or st | 2) | |
| Loanpal, LLC 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | LADDITIO | NAL MAME (CVINITIA) (C) | Tours |
| | THOU TENODINE NAME | ADDITIO | NAL NAME(S)/INITIAL(S) | SUFFIX |
| MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| 781 Sierra College Boulevard | Roseville | | | USA |