



SPENCER J. COX  
*Governor*

DEIDRE M. HENDERSON  
*Lieutenant Governor*

## UTAH DEPARTMENT OF COMMERCE

### Division of Corporations and Commercial Code

MARGARET W. BUSSE  
*Executive Director*

G. SCOTT WHITTAKER  
*Division Director*

**June 02, 2026**

Justin Watson  
9837 Peach Street  
Wetumpka, AL 36092 - USA

### UCC-11 Information Request

Your Request for Information has been processed by the Utah Division of Corporations and Commercial Code matching filing(s) in the Division's computerized database with the following search parameter(s) and the "Exact" filter:

**Search Number :** 2606021254566-1

**Debtor Name:** LEGALLY MINE, LLC

**Debtor Type:** Organization

**Date Range:** All Available Filings

**Search Response:** All (Lapsed and Unlapsed)

**Copies:** Unlapsed Only

**City:**

The Utah Division of Corporations and Commercial Code hereby certifies that the attached information is filed and of Record in the Offices of the Division as of 05/31/2026 at 18:00 MST.

Sincerely,  
FILING OFFICER



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## UTAH DEPARTMENT OF COMMERCE

### Division of Corporations and Commercial Code

MARGARET W. BUSSE  
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G. SCOTT WHITTAKER  
Division Director

## Liens Filing Search Report

The Utah Division of Corporations and Commercial Code hereby certifies that the attached list is a true and exact list of all financing statements or CFS liens and related subsequent documentation for the debtor below as filed with the Division of Corporations and Commercial Code office, Uniform Commercial Code Division, as of the Through Date below.

**Date Searched:** 6/2/2026 1:09:42 PM **Search Criteria:**  
**Searched by:** Justin Watson  
**Filing Chains:** 13  
**Good Through Filing Date:** 05/31/2026  
**Cities:**  
**Date Range:** All Available Filings  
**Include Filings Outside Range?:** All Available Filings

June 02, 2026

**Filing Status:** ALL (Lapsed and Unlapsed)

**Include Records:** N/A

**Organization Name:** LEGALLY MINE, LLC

**Filing Chain#:** 1  
**Original File#:** 200810703927-7

**Lapse Date:** 08/11/2025  
**Lien Type:** UCC Lien

**Filing #:** 200810703927-7 **Filing Date:** 08/10/2020 **Filing Type:** Initial Financing Statement UCC-1 **Page Count:** 2

### Debtors

| Name              | Type         | Action Type | Address                          |
|-------------------|--------------|-------------|----------------------------------|
| LEGALLY MINE, LLC | Organization | N/A         | 1337 E 750 N OREM, UT 84097, USA |

### Secured Parties

| Name       | Type       | Action Type | Address                                |
|------------|------------|-------------|----------------------------------------|
| JOHN MASEK | Individual | N/A         | 319 E. 2ND STREET CANBY, OR 97013, USA |

| Name        | Type       | Action Type | Address                                         |
|-------------|------------|-------------|-------------------------------------------------|
| DAVID ORTIZ | Individual | N/A         | 305 NE 16TH AVENUE BATTLE GROUND, WA 98604, USA |

### Collateral

- (a) 450,000 shares of common stock of Bam Franchising, Inc., an Oregon corporation ("Shares");
- (b) all proceeds of the Shares; and
- (c) LEGALLY MINE, LLC's books of account and records relating to the Shares, wherever located, whether presently owned or subsequently acquired.



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## UTAH DEPARTMENT OF COMMERCE

### Division of Corporations and Commercial Code

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G. SCOTT WHITTAKER  
Division Director

**Filing Chain#:** 2  
**Original File#:** 210216749881-3

**Lapse Date:** 02/13/2026  
**Lien Type:**UCC Lien

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**Filing #:** 210216749881-3    **Filing Date:** 02/12/2021    **Filing Type:** Initial Financing Statement UCC-1    **Page Count:**6

#### Debtors

| Name          | Type       | Action Type | Address                                 |
|---------------|------------|-------------|-----------------------------------------|
| DANIEL MCNEFF | Individual | N/A         | 1337 EAST 750 NORTH OREM, UT 84097, USA |

| Name              | Type         | Action Type | Address                                 |
|-------------------|--------------|-------------|-----------------------------------------|
| LEGALLY MINE, LLC | Organization | N/A         | 1337 EAST 750 NORTH OREM, UT 84097, USA |

#### Secured Parties

| Name         | Type       | Action Type | Address                                 |
|--------------|------------|-------------|-----------------------------------------|
| AMMON MCNEFF | Individual | N/A         | 659 NORTH 850 WEST PROVO, UT 84604, USA |

| Name           | Type       | Action Type | Address                                 |
|----------------|------------|-------------|-----------------------------------------|
| MATTHEW MCNEFF | Individual | N/A         | 1074 WEST 400 SOUTH OREM, UT 84058, USA |

#### Collateral

All right, title, interest, claims and demands of Debtor in and to the following property: 21% of the total membership interest in Legally Mine, LLC. All computers, emails, any passwords related to the Legally Mine, client information, office supplies, cash, accounts receivables, access to the building, machinery, phones, and furniture. The above assets are pledged security for the binding settlement agreement and promissory note valued at \$1,728,000 at execution.

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## UTAH DEPARTMENT OF COMMERCE

### Division of Corporations and Commercial Code

MARGARET W. BUSSE  
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G. SCOTT WHITTAKER  
Division Director

**Filing Chain#:** 3  
**Original File#:** 2021789704-3

**Lapse Date:** 07/17/2026  
**Lien Type:** UCC Lien

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|                               |                                |                                                       |                      |
|-------------------------------|--------------------------------|-------------------------------------------------------|----------------------|
| <b>Filing #:</b> 2021789704-3 | <b>Filing Date:</b> 07/17/2021 | <b>Filing Type:</b> Initial Financing Statement UCC-1 | <b>Page Count:</b> 1 |
|-------------------------------|--------------------------------|-------------------------------------------------------|----------------------|

#### Debtors

| Name              | Type         | Action Type | Address                                    |
|-------------------|--------------|-------------|--------------------------------------------|
| LEGALLY MINE, LLC | Organization | N/A         | 1337 EAST 250 NORTH PREM, UT<br>84097, USA |

#### Secured Parties

| Name                     | Type         | Action Type | Address                                     |
|--------------------------|--------------|-------------|---------------------------------------------|
| SECURED LENDER SOLUTIONS | Organization | N/A         | P.O. BOX 2576 SPRINGFIELD, IL<br>62708, USA |

#### Collateral

All presently existing or hereafter arising, now owned or hereafter acquired assets of the debtor. THE SECURED PARTY NAMED IN THIS RECORD IS ACTING IN A REPRESENTATIVE CAPACITY FOR PURPOSES OF FORWARDING NOTICES and INQUIRIES REGARDING THIS RECORD. FOR MORE INFORMATION, PLEASE CONTACT THE SECURED PARTY AT THE ADDRESS LISTED ABOVE OR AT [UCCSPREP@CSCINFO.COM](mailto:UCCSPREP@CSCINFO.COM).

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## UTAH DEPARTMENT OF COMMERCE

### Division of Corporations and Commercial Code

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Division Director

**Filing Chain#:** 4  
**Original File#:** 210827800456-3

**Lapse Date:** 08/27/2026  
**Lien Type:** UCC Lien

|                                 |                                |                                                       |                                                          |
|---------------------------------|--------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| <b>Filing #:</b> 210827800456-3 | <b>Filing Date:</b> 08/27/2021 | <b>Filing Type:</b> Initial Financing Statement UCC-1 | <b>Page Count:</b> 1                                     |
| <b><u>Debtors</u></b>           |                                |                                                       |                                                          |
| <b>Name</b>                     | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                           |
| LEGALLY MINE LLC                | Organization                   | N/A                                                   | 1337 EAST 750 NORTH OREM, UT 84097, USA                  |
| <b>Name</b>                     | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                           |
| DANIEL MCNEFF                   | Individual                     | N/A                                                   | 14832 VINTAGE VIEW LANE DRAPER, UT 84020, USA            |
| <b><u>Secured Parties</u></b>   |                                |                                                       |                                                          |
| <b>Name</b>                     | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                           |
| FAVO FUNDING LLC                | Organization                   | N/A                                                   | 1025 OLD COUNTRY ROAD, SUITE 311 WESTBURY, NY 11590, USA |

#### **Collateral**

Legally Mine LLC has sold its future receivables of \$123,250 to Favo Funding LLC for \$85,000. Paying FAVO Funding back at a rate of \$880.36 for a period of 140 days.

This statement is pursuant to the terms of a PAYMENT RIGHTS PURCHASE AND SALE AGREEMENT dated 8/23/2021 between the Debtor and the Secured Party as executed.

|                                 |                                |                                       |                      |
|---------------------------------|--------------------------------|---------------------------------------|----------------------|
| <b>Filing #:</b> 230913990881-9 | <b>Filing Date:</b> 09/13/2023 | <b>Filing Type:</b> Termination UCC-3 | <b>Page Count:</b> 1 |
| <b>Filing #:</b> 230928994603-5 | <b>Filing Date:</b> 09/28/2023 | <b>Filing Type:</b> Termination UCC-3 | <b>Page Count:</b> 1 |



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### Division of Corporations and Commercial Code

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**Filing Chain#:** 5  
**Original File#:** 210827800457-0

**Lapse Date:** 08/27/2026  
**Lien Type:** UCC Lien

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|                                 |                                |                                                       |                                                          |
|---------------------------------|--------------------------------|-------------------------------------------------------|----------------------------------------------------------|
| <b>Filing #:</b> 210827800457-0 | <b>Filing Date:</b> 08/27/2021 | <b>Filing Type:</b> Initial Financing Statement UCC-1 | <b>Page Count:</b> 1                                     |
| <b><u>Debtors</u></b>           |                                |                                                       |                                                          |
| <b>Name</b>                     | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                           |
| LEGALLY MINE LLC                | Organization                   | N/A                                                   | 1337 EAST 750 NORTH OREM, UT 84097, USA                  |
| <b>Name</b>                     | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                           |
| DANIEL MCNEFF                   | Individual                     | N/A                                                   | 14832 VINTAGE VIEW LANE DRAPER, UT 84020, USA            |
| <b><u>Secured Parties</u></b>   |                                |                                                       |                                                          |
| <b>Name</b>                     | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                           |
| FAVO FUNDING LLC                | Organization                   | N/A                                                   | 1025 OLD COUNTRY ROAD, SUITE 311 WESTBURY, NY 11590, USA |

#### **Collateral**

Legally Mine LLC has sold its future receivables of \$140,000 to Favo Funding LLC for \$100,000. Paying FAVO Funding LLC back at a rate of \$700.00 for a period of 200 days.

This statement is pursuant to the terms of a PAYMENT RIGHTS PURCHASE AND SALE AGREEMENT dated 07/20/2021 between the Debtor and the Secured Party as executed.

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## UTAH DEPARTMENT OF COMMERCE

### Division of Corporations and Commercial Code

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G. SCOTT WHITTAKER  
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**Filing Chain#:** 6  
**Original File#:** 20241017894-5

**Lapse Date:** 01/17/2029  
**Lien Type:** UCC Lien

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|                                |                                |                                                          |                      |
|--------------------------------|--------------------------------|----------------------------------------------------------|----------------------|
| <b>Filing #:</b> 20241017894-5 | <b>Filing Date:</b> 01/17/2024 | <b>Filing Type:</b> Initial Financing<br>Statement UCC-1 | <b>Page Count:</b> 1 |
|--------------------------------|--------------------------------|----------------------------------------------------------|----------------------|

#### Debtors

| Name              | Type         | Action Type | Address                          |
|-------------------|--------------|-------------|----------------------------------|
| LEGALLY MINE, LLC | Organization | N/A         | 1337 E 750 N OREM, UT 84097, USA |

#### Secured Parties

| Name                                         | Type         | Action Type | Address                                                               |
|----------------------------------------------|--------------|-------------|-----------------------------------------------------------------------|
| C T CORPORATION SYSTEM,<br>AS REPRESENTATIVE | Organization | N/A         | 330 N BRAND BLVD, SUITE 700,<br>ATTN: SPRS GLENDALE, CA 91203,<br>USA |

#### Collateral

Secured Party has purchased certain "Future Receipts" from Debtor. "Future Receipts" means all payments made to Debtor by cash, check, ACH or other electronic transfer, credit card, debit card, bank card, charge card or other form of monetary payment in the ordinary course of Debtor's business. Notice: Pursuant to the agreement between Debtor and Secured Party, Debtor is prohibited from obtaining any financing that impairs the value of the Future Receipts or Secured Party's right to collect same. In the event that any entity is granted a security interest in Debtor's Future Receipts contrary to the above, the Secured Party asserts a claim to any proceeds thereof received by such entity. As per the FUTURE RECEIVABLES SALE AGREEMENT, the Secured Party has a security interest in all of Debtor's present and future accounts, chattel paper, deposit accounts, documents, personal property, assets and fixtures, general intangibles, instruments and inventory whenever located, equipment, and proceeds now or hereafter owned or acquired by Debtor.



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**Filing Chain#:** 7  
**Original File#:** 20241048876-8

**Lapse Date:** 05/16/2029  
**Lien Type:** UCC Lien

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|                                |                                |                                                          |                      |
|--------------------------------|--------------------------------|----------------------------------------------------------|----------------------|
| <b>Filing #:</b> 20241048876-8 | <b>Filing Date:</b> 05/16/2024 | <b>Filing Type:</b> Initial Financing<br>Statement UCC-1 | <b>Page Count:</b> 1 |
|--------------------------------|--------------------------------|----------------------------------------------------------|----------------------|

#### Debtors

| Name             | Type         | Action Type | Address                                    |
|------------------|--------------|-------------|--------------------------------------------|
| LEGALLY MINE LLC | Organization | N/A         | 1337 EAST 750 NORTH OREM, UT<br>84097, USA |

#### Secured Parties

| Name                                         | Type         | Action Type | Address                                                               |
|----------------------------------------------|--------------|-------------|-----------------------------------------------------------------------|
| C T CORPORATION SYSTEM,<br>AS REPRESENTATIVE | Organization | N/A         | 330 N BRAND BLVD, SUITE 700;<br>ATTN: SPRS GLENDALE, CA 91203,<br>USA |

#### Collateral

"Debtor and Secured Party also hereby agree that the security pledged by Debtor as collateral for the underlying obligation includes the following: All current assets of the Debtor as of the enforcement date of this Security Instrument, including but not limited to cash, accounts receivable, other receivables, equipment, inventory, along with all trade fixtures belonging to the Debtor; all inclusive of after acquired property."

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|                                |                                |                                          |                      |
|--------------------------------|--------------------------------|------------------------------------------|----------------------|
| <b>Filing #:</b> 20251180932-0 | <b>Filing Date:</b> 08/25/2025 | <b>Filing Type:</b> Termination<br>UCC-3 | <b>Page Count:</b> 1 |
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Division Director

**Filing Chain#:** 8  
**Original File#:** 20241080345-3

**Lapse Date:** 08/15/2029  
**Lien Type:** UCC Lien

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**Filing #:** 20241080345-3      **Filing Date:** 08/15/2024      **Filing Type:** Initial Financing Statement UCC-1      **Page Count:** 1

#### Debtors

| Name              | Type         | Action Type | Address                                 |
|-------------------|--------------|-------------|-----------------------------------------|
| LEGALLY MINE, LLC | Organization | N/A         | 1337 EAST 750 NORTH OREM, UT 84097, USA |

#### Secured Parties

| Name                                      | Type         | Action Type | Address                                                         |
|-------------------------------------------|--------------|-------------|-----------------------------------------------------------------|
| C T CORPORATION SYSTEM, AS REPRESENTATIVE | Organization | N/A         | 330 N BRAND BLVD, SUITE 700; ATTN: SPRS GLENDALE, CA 91203, USA |

#### Collateral

To secure the prompt and complete payment, performance and observance of all of the Obligations under any and/or all Agreement(s) between the Debtor and the Secured Party, the Debtor hereby grants, assigns, conveys, mortgages, pledges, hypothecates and transfers to the Secured Party, a Lien upon, and security interest in (the "Security Interest"), all of its right, title and interest in, to and under all of its assets and property, including, without limitation, the below mentioned items, whether now owned by or owing to, or hereafter acquired by, or arising in favor of, Debtor (including under any trade names, styles or derivations thereof), and whether owned or consigned by or to, or leased from or to, Debtor (all of which being hereinafter collectively referred to as the "Collateral"): (i) all Accounts; (ii) all Chattel Paper; (iii) all contracts; (iv) all Documents; (v) all Equipment; (vi) all Fixtures; (vii) all General Intangibles; (viii) all Goods; (ix) all Instruments; (x) all Inventory; (xi) all Investment Property; (xii) all money, cash or cash equivalents; (xiii) all Intellectual Property; (xiv) the Bank Account and all deposits therein, including all money, cash or cash equivalents therein; and to the extent not otherwise included in any of the foregoing, all Proceeds and products of the foregoing and all accessions to, substitutions and replacements for, and rents and profits of, each of the foregoing items mentioned above.

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**Filing #:** 20261244281-1      **Filing Date:** 04/23/2026      **Filing Type:** Termination UCC-3      **Page Count:** 1

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Division Director

**Filing Chain#:** 9  
**Original File#:** 20251112783-2

**Lapse Date:** 01/03/2030  
**Lien Type:** UCC Lien

|                                           |                                |                                                       |                                                                    |
|-------------------------------------------|--------------------------------|-------------------------------------------------------|--------------------------------------------------------------------|
| <b>Filing #:</b> 20251112783-2            | <b>Filing Date:</b> 01/03/2025 | <b>Filing Type:</b> Initial Financing Statement UCC-1 | <b>Page Count:</b> 3                                               |
| <b><u>Debtors</u></b>                     |                                |                                                       |                                                                    |
| <b>Name</b>                               | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                                     |
| LEGALLY MINE LLC                          | Organization                   | N/A                                                   | 1337 E 750 N OREM, UT 84097, USA                                   |
| <b>Name</b>                               | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                                     |
| LEGAL BEAR LLC                            | Organization                   | N/A                                                   | 1337 E 750 N OREM, UT 84097, USA                                   |
| <b>Name</b>                               | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                                     |
| LEGALLY MINE TAX AND ACCOUNTING, LLC      | Organization                   | N/A                                                   | 1337 E 750 N OREM, UT 84097, USA                                   |
| <b>Name</b>                               | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                                     |
| PROCURE, LLC                              | Organization                   | N/A                                                   | 1337 E 750 N OREM, UT 84097, USA                                   |
| <b>Name</b>                               | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                                     |
| SHIELLD LLC                               | Organization                   | N/A                                                   | 1337 E 750 N OREM, UT 84097, USA                                   |
| <b>Name</b>                               | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                                     |
| TEAM DENTISTRY LLC                        | Organization                   | N/A                                                   | 1337 E 750 N OREM, UT 84097, USA                                   |
| <b>Name</b>                               | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                                     |
| DANIEL JAY MCNEFF                         | Individual                     | N/A                                                   | 65 N PALISADE OREM, UT 84097, USA                                  |
| <b><u>Secured Parties</u></b>             |                                |                                                       |                                                                    |
| <b>Name</b>                               | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                                                     |
| C T CORPORATION SYSTEM, AS REPRESENTATIVE | Organization                   | N/A                                                   | 330 N BRAND BLVD, SUITE 700;<br>ATTN: SPRS GLENDALE, CA 91203, USA |



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Division Director

#### **Collateral**

Receivables - All assets now owned or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables; b. Chattel Paper; c. Inventory; d. Equipment; e. Instruments, including but not limited to, Promissory Notes; f. Investment Property; g. Documents; h. Deposit Accounts; i. Letter of Credit Rights; j. General Intangibles; k. Supporting Obligations; and i. Proceeds and Products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCES IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

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**Filing #:** 20261247746-3

**Filing Date:** 05/07/2026

**Filing Type:** Termination  
UCC-3

**Page Count:** 1

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**Filing Chain#:** 10  
**Original File#:** 20251114026-3

**Lapse Date:** 01/08/2030  
**Lien Type:** UCC Lien

|                                |                                |                                                          |                                       |
|--------------------------------|--------------------------------|----------------------------------------------------------|---------------------------------------|
| <b>Filing #:</b> 20251114026-3 | <b>Filing Date:</b> 01/08/2025 | <b>Filing Type:</b> Initial Financing<br>Statement UCC-1 | <b>Page Count:</b> 1                  |
| <b><u>Debtors</u></b>          |                                |                                                          |                                       |
| <b>Name</b>                    | <b>Type</b>                    | <b>Action Type</b>                                       | <b>Address</b>                        |
| LEGALLY MINE LLC               | Organization                   | N/A                                                      | 1337 E 750 N ST OREM, UT 84097, USA   |
| <b>Name</b>                    | <b>Type</b>                    | <b>Action Type</b>                                       | <b>Address</b>                        |
| DANIEL JAY MCNEFF              | Individual                     | N/A                                                      | 65 PALISADE DR OREM, UT 84097, USA    |
| <b><u>Secured Parties</u></b>  |                                |                                                          |                                       |
| <b>Name</b>                    | <b>Type</b>                    | <b>Action Type</b>                                       | <b>Address</b>                        |
| CT CORP AS REPRESENTATIVE      | Organization                   | N/A                                                      | 2433 KNAPP ST BROOKLYN, NY 11235, USA |

#### **Collateral**

Receivables- All personal property of every kind and nature, including, without limitation, all accounts, contract rights, rights to the payment of money, insurance claims and proceeds, chattel paper, electric chattel paper, documents, instruments, securities and other investment property, deposit accounts, supporting obligations of every nature, and general intangibles, including without limitation, customer lists, and all books and records related thereto, and all recorded data of any kind and any nature, regardless of the medium of recording; together with, to the extent not listed above as the original collateral, all substitutions and replacements for and products of any of the foregoing property, and together with proceeds of any and all of the foregoing property. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCES IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

|                                |                                |                                          |                      |
|--------------------------------|--------------------------------|------------------------------------------|----------------------|
| <b>Filing #:</b> 20261240790-5 | <b>Filing Date:</b> 04/13/2026 | <b>Filing Type:</b> Termination<br>UCC-3 | <b>Page Count:</b> 1 |
|--------------------------------|--------------------------------|------------------------------------------|----------------------|



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## UTAH DEPARTMENT OF COMMERCE

### Division of Corporations and Commercial Code

MARGARET W. BUSSE  
Executive Director

G. SCOTT WHITTAKER  
Division Director

**Filing Chain#:** 11  
**Original File#:** 2501271118060-8

**Lapse Date:** 01/24/2030  
**Lien Type:** UCC Lien

|                                           |              |                         |                                                                |              |
|-------------------------------------------|--------------|-------------------------|----------------------------------------------------------------|--------------|
| Filing #: 2501271118060-8                 |              | Filing Date: 01/24/2025 | Filing Type: Initial Financing Statement UCC-1                 | Page Count:4 |
| <u>Debtors</u>                            |              |                         |                                                                |              |
| Name                                      | Type         | Action Type             | Address                                                        |              |
| LEGALLY MINE, LLC                         | Organization | N/A                     | 1337 EAST 750 NORTH STREET OREM, UT 84097, USA                 |              |
|                                           |              |                         |                                                                |              |
| Name                                      | Type         | Action Type             | Address                                                        |              |
| TEAM DENTISTRY, LLC                       | Organization | N/A                     | 1337 EAST 750 NORTH STREET OREM, UT 84097, USA                 |              |
| <u>Secured Parties</u>                    |              |                         |                                                                |              |
| Name                                      | Type         | Action Type             | Address                                                        |              |
| C T CORPORATION SYSTEM, AS REPRESENTATIVE | Organization | N/A                     | 330 N BRAND BLVD, SUITE 700, ATTN SPRS GLENDALE, CA 91203, USA |              |

|                                |                                |                                       |                      |
|--------------------------------|--------------------------------|---------------------------------------|----------------------|
| <b>Filing #:</b> 20251195435-8 | <b>Filing Date:</b> 10/20/2025 | <b>Filing Type:</b> Termination UCC-3 | <b>Page Count:</b> 1 |
|--------------------------------|--------------------------------|---------------------------------------|----------------------|



SPENCER J. COX  
Governor

DEIDRE M. HENDERSON  
Lieutenant Governor

## UTAH DEPARTMENT OF COMMERCE

### Division of Corporations and Commercial Code

MARGARET W. BUSSE  
Executive Director

G. SCOTT WHITTAKER  
Division Director

**Filing Chain#:** 12  
**Original File#:** 20251132451-5

**Lapse Date:** 03/24/2030  
**Lien Type:** UCC Lien

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|                                |                                |                                                       |                                       |
|--------------------------------|--------------------------------|-------------------------------------------------------|---------------------------------------|
| <b>Filing #:</b> 20251132451-5 | <b>Filing Date:</b> 03/24/2025 | <b>Filing Type:</b> Initial Financing Statement UCC-1 | <b>Page Count:</b> 1                  |
| <b><u>Debtors</u></b>          |                                |                                                       |                                       |
| <b>Name</b>                    | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                        |
| LEGALLY MINE, LLC              | Organization                   | N/A                                                   | 65 N PALISADE OREM, UT 84097, USA     |
| <b>Name</b>                    | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                        |
| DANIEL JAY MCNEFF              | Individual                     | N/A                                                   | 65 N PALISADE OREM, UT 84097, USA     |
| <b><u>Secured Parties</u></b>  |                                |                                                       |                                       |
| <b>Name</b>                    | <b>Type</b>                    | <b>Action Type</b>                                    | <b>Address</b>                        |
| CASTLE FUNDING CORP            | Organization                   | N/A                                                   | 5309 13TH AVE BROOKLYN, NY 11219, USA |

#### **Collateral**

All accounts receivable, receipts, instruments, contract rights and other rights to receive the payment of money, patents, chattel paper, licenses, leases and general intangibles, whether now owned acquired or arising, and all of the debtor's books and records relating to any of the foregoing.

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|                                |                                |                                       |                      |
|--------------------------------|--------------------------------|---------------------------------------|----------------------|
| <b>Filing #:</b> 20261240845-2 | <b>Filing Date:</b> 04/13/2026 | <b>Filing Type:</b> Termination UCC-3 | <b>Page Count:</b> 1 |
|--------------------------------|--------------------------------|---------------------------------------|----------------------|

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SPENCER J. COX  
Governor

DEIDRE M. HENDERSON  
Lieutenant Governor

## UTAH DEPARTMENT OF COMMERCE

### Division of Corporations and Commercial Code

MARGARET W. BUSSE  
Executive Director

G. SCOTT WHITTAKER  
Division Director

**Filing Chain#:** 13  
**Original File#:** 20251161061-9

**Lapse Date:** 06/20/2030  
**Lien Type:** UCC Lien

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|                                |                                |                                                          |                      |
|--------------------------------|--------------------------------|----------------------------------------------------------|----------------------|
| <b>Filing #:</b> 20251161061-9 | <b>Filing Date:</b> 06/20/2025 | <b>Filing Type:</b> Initial Financing<br>Statement UCC-1 | <b>Page Count:</b> 1 |
|--------------------------------|--------------------------------|----------------------------------------------------------|----------------------|

#### Debtors

| Name             | Type         | Action Type | Address                          |
|------------------|--------------|-------------|----------------------------------|
| LEGALLY MINE LLC | Organization | N/A         | 1337 E 750 N OREM, UT 84097, USA |

#### Secured Parties

| Name                                                 | Type         | Action Type | Address                                                               |
|------------------------------------------------------|--------------|-------------|-----------------------------------------------------------------------|
| CORPORATION SERVICE<br>COMPANY, AS<br>REPRESENTATIVE | Organization | N/A         | PO BOX 2576,<br>UCCSPREP@CSCGGLOBAL.COM<br>SPRINGFIELD, IL 62708, USA |

#### Collateral

"Future Receipts" sold by Debtor to Secured Party. "Future Receipts" means any payments received by Debtor from customers and other third-parties in exchange for Debtor's goods or services (in any form including, but not limited to, cash, check, payment card, and electronic transfers). Debtor & Secured Party intend that the sale of Future Receipts is a sale and not an assignment for security or a financing. Pursuant to the agreement between Secured Party and Debtor, Debtor is prohibited from transferring any Future Receipts to any other person or entity, granting any security interests in its accounts receivables, or obtaining any financing that impairs the value of the Future Receipts or Secured Party's right to collect the same until Secured Party has received all amounts due to it.

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Corporation Service Company 1-800-858-5294</b>                                                  |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>SPRFiling@cscglobal.com</b>                                                                              |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><br><b>Corporation Service Company<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703 USA</b> |

|                                                                                                               |                                              |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Filed in the Office of<br><i>J. Veillette</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Initial Filing Number<br><b>2021789704-3</b> |
|                                                                                                               | Filed On<br><b>7/17/2021 6:05:01 AM</b>      |
|                                                                                                               | Lapse Date<br><b>7/17/2026</b>               |
|                                                                                                               | Number of Pages<br><b>1</b>                  |

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)

|                                                   |                                                     |                     |                               |                             |                       |
|---------------------------------------------------|-----------------------------------------------------|---------------------|-------------------------------|-----------------------------|-----------------------|
| OR                                                | 1a. ORGANIZATION'S NAME<br><b>LEGALLY MINE, LLC</b> |                     |                               |                             |                       |
|                                                   | 1b. INDIVIDUAL'S SURNAME                            | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |                       |
| 1c. MAILING ADDRESS<br><b>1337 East 250 North</b> |                                                     | CITY<br><b>Prem</b> | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84097</b> | COUNTRY<br><b>USA</b> |

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)

|                     |                          |                     |                               |             |         |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|---------|
| OR                  | 2a. ORGANIZATION'S NAME  |                     |                               |             |         |
|                     | 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)

|                                             |                                                            |                            |                               |                             |                       |
|---------------------------------------------|------------------------------------------------------------|----------------------------|-------------------------------|-----------------------------|-----------------------|
| OR                                          | 3a. ORGANIZATION'S NAME<br><b>SECURED LENDER SOLUTIONS</b> |                            |                               |                             |                       |
|                                             | 3b. INDIVIDUAL'S SURNAME                                   | FIRST PERSONAL NAME        | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |                       |
| 3c. MAILING ADDRESS<br><b>P.O. BOX 2576</b> |                                                            | CITY<br><b>Springfield</b> | STATE<br><b>IL</b>            | POSTAL CODE<br><b>62708</b> | COUNTRY<br><b>USA</b> |

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

**All presently existing or hereafter arising, now owned or hereafter acquired assets of the debtor. THE SECURED PARTY NAMED IN THIS RECORD IS ACTING IN A REPRESENTATIVE CAPACITY FOR PURPOSES OF FORWARDING NOTICES and INQUIRIES REGARDING THIS RECORD. FOR MORE INFORMATION, PLEASE CONTACT THE SECURED PARTY AT THE ADDRESS LISTED ABOVE OR AT UCCSPREP@CSCINFO.COM.**

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**2145 63500:214563500**

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>UNISEARCH, INC.</b>                                                          |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>kris.chavez@unisearch.com</b>                                                         |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><b>UNISEARCH, INC.</b><br><br><b>1780 BARNES BLVD</b><br><br><b>WA 98512 USA</b> |

|                                                                                                               |                                                |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Filed in the Office of<br><i>J. Veillette</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Filing Number<br><b>210827800456-3</b>         |
|                                                                                                               | Initial Filing Number<br><b>210827800456-3</b> |
|                                                                                                               | Filed On<br><b>August 27, 2021 09:32 AM</b>    |
|                                                                                                               | Lapse Date<br><b>08/27/2026</b>                |
|                                                                                                               | Number of Pages<br><b>1</b>                    |

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)

|                                                   |                                                    |                     |                               |                             |
|---------------------------------------------------|----------------------------------------------------|---------------------|-------------------------------|-----------------------------|
| OR                                                | 1a. ORGANIZATION'S NAME<br><b>LEGALLY MINE LLC</b> |                     |                               |                             |
|                                                   | 1b. INDIVIDUAL'S SURNAME                           | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 1c. MAILING ADDRESS<br><b>1337 EAST 750 NORTH</b> |                                                    | CITY<br><b>OREM</b> | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84097</b> |
|                                                   |                                                    |                     | COUNTRY<br><b>USA</b>         |                             |

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)

|                                                       |                                           |                                      |                               |                             |
|-------------------------------------------------------|-------------------------------------------|--------------------------------------|-------------------------------|-----------------------------|
| OR                                                    | 2a. ORGANIZATION'S NAME                   |                                      |                               |                             |
|                                                       | 2b. INDIVIDUAL'S SURNAME<br><b>MCNEFF</b> | FIRST PERSONAL NAME<br><b>DANIEL</b> | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 2c. MAILING ADDRESS<br><b>14832 VINTAGE VIEW LANE</b> |                                           | CITY<br><b>DRAPER</b>                | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84020</b> |
|                                                       |                                           |                                      | COUNTRY<br><b>USA</b>         |                             |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|                                                                |                                                    |                         |                               |                             |
|----------------------------------------------------------------|----------------------------------------------------|-------------------------|-------------------------------|-----------------------------|
| OR                                                             | 3a. ORGANIZATION'S NAME<br><b>FAVO FUNDING LLC</b> |                         |                               |                             |
|                                                                | 3b. INDIVIDUAL'S SURNAME                           | FIRST PERSONAL NAME     | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 3c. MAILING ADDRESS<br><b>1025 OLD COUNTRY ROAD, SUITE 311</b> |                                                    | CITY<br><b>WESTBURY</b> | STATE<br><b>NY</b>            | POSTAL CODE<br><b>11590</b> |
|                                                                |                                                    |                         | COUNTRY<br><b>USA</b>         |                             |

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

**LEGALLY MINE LLC HAS SOLD IT'S FUTURE RECEIVABLES OF \$123,250 TO FAVO FUNDING LLC FOR \$85,000. PAYING FAVO FUNDING BACK AT A RATE OF \$880.36 FOR A PERIOD OF 140 DAYS.**

**THIS STATEMENT IS PURSUANT TO THE TERMS OF A PAYMENT RIGHTS PURCHASE AND SALE AGREEMENT DATED 8/23/2021 BETWEEN THE DEBTOR AND THE SECURED PARTY AS EXECUTED.**

|                                                                                                                                                                                                                                                         |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |                                                                                                                                                          |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser |                                                                                                                                                          |
| 8. OPTIONAL FILER REFERENCE DATA:                                                                                                                                                                                                                       |                                                                                                                                                          |

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>UNISEARCH, INC.</b>                                                          |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>kris.chavez@unisearch.com</b>                                                         |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><b>UNISEARCH, INC.</b><br><br><b>1780 BARNES BLVD</b><br><br><b>WA 98512 USA</b> |

|                                                                                                               |                                                |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Filed in the Office of<br><i>J. Veillette</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Filing Number<br><b>210827800457-0</b>         |
|                                                                                                               | Initial Filing Number<br><b>210827800457-0</b> |
|                                                                                                               | Filed On<br><b>August 27, 2021 09:32 AM</b>    |
|                                                                                                               | Lapse Date<br><b>08/27/2026</b>                |
|                                                                                                               | Number of Pages<br><b>1</b>                    |

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)

|                                                   |                                                    |                     |                               |                             |
|---------------------------------------------------|----------------------------------------------------|---------------------|-------------------------------|-----------------------------|
| OR                                                | 1a. ORGANIZATION'S NAME<br><b>LEGALLY MINE LLC</b> |                     |                               |                             |
|                                                   | 1b. INDIVIDUAL'S SURNAME                           | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 1c. MAILING ADDRESS<br><b>1337 EAST 750 NORTH</b> |                                                    | CITY<br><b>OREM</b> | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84097</b> |
|                                                   |                                                    |                     | COUNTRY<br><b>USA</b>         |                             |

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)

|                                                       |                                           |                                      |                               |                             |
|-------------------------------------------------------|-------------------------------------------|--------------------------------------|-------------------------------|-----------------------------|
| OR                                                    | 2a. ORGANIZATION'S NAME                   |                                      |                               |                             |
|                                                       | 2b. INDIVIDUAL'S SURNAME<br><b>MCNEFF</b> | FIRST PERSONAL NAME<br><b>DANIEL</b> | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 2c. MAILING ADDRESS<br><b>14832 VINTAGE VIEW LANE</b> |                                           | CITY<br><b>DRAPER</b>                | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84020</b> |
|                                                       |                                           |                                      | COUNTRY<br><b>USA</b>         |                             |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|                                                                |                                                    |                         |                               |                             |
|----------------------------------------------------------------|----------------------------------------------------|-------------------------|-------------------------------|-----------------------------|
| OR                                                             | 3a. ORGANIZATION'S NAME<br><b>FAVO FUNDING LLC</b> |                         |                               |                             |
|                                                                | 3b. INDIVIDUAL'S SURNAME                           | FIRST PERSONAL NAME     | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 3c. MAILING ADDRESS<br><b>1025 OLD COUNTRY ROAD, SUITE 311</b> |                                                    | CITY<br><b>WESTBURY</b> | STATE<br><b>NY</b>            | POSTAL CODE<br><b>11590</b> |
|                                                                |                                                    |                         | COUNTRY<br><b>USA</b>         |                             |

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

**LEGALLY MINE LLC HAS SOLD IT'S FUTURE RECEIVABLES OF \$140,000 TO FAVO FUNDING LLC FOR \$100,000. PAYING FAVO FUNDING LLC BACK AT A RATE OF \$700.00 FOR A PERIOD OF 200 DAYS.**

**THIS STATEMENT IS PURSUANT TO THE TERMS OF A PAYMENT RIGHTS PURCHASE AND SALE AGREEMENT DATED 07/20/2021 BETWEEN THE DEBTOR AND THE SECURED PARTY AS EXECUTED.**

|                                                                                                                                                                                                                                                         |                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative     |                                                                                                                                                          |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility            | 6b. Check <u>only</u> if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser |                                                                                                                                                          |
| 8. OPTIONAL FILER REFERENCE DATA:                                                                                                                                                                                                                       |                                                                                                                                                          |

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>UNISEARCH</b>                                                                               |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>megan.brannberg@unisearch.com</b>                                                                    |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>UNISEARCH</b><br><br><b>1780 Barnes Boulevard SW</b><br><br><b>Tumwater WA 98512 USA</b> |

|                                                                                                                                             |                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Filed in the Office of<br><i>J. Veillette</i><br>Director, Division of<br>Corporations and<br>Commercial Code<br>Filed in the state of Utah | Filing Number<br><b>230913990881-9</b><br>Initial Filing Number<br><b>210827800456-3</b><br>Filed On<br><b>September 13, 2023 11:03 AM</b><br>Lapse Date<br><b>08/27/2026</b><br>Number of Pages<br><b>1</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1a. INITIAL FINANCING STATEMENT FILE NUMBER

**210827800456-3**

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]

(or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

|                          |                     |                               |        |
|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME  |                     |                               |        |
| OR                       |                     |                               |        |
| 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                            |  |  |        |
|--------------------------------------------|--|--|--------|
| 7a. ORGANIZATION'S NAME                    |  |  |        |
| OR                                         |  |  |        |
| 7b. INDIVIDUAL'S SURNAME                   |  |  |        |
| INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  |        |
|                                            |  |  | SUFFIX |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                                     |                     |                               |        |
|-----------------------------------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>FAVO FUNDING, LLC</b> |                     |                               |        |
| OR                                                  |                     |                               |        |
| 9b. INDIVIDUAL'S SURNAME                            | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA:

**DEBTORLEGALLY MINE LLC/ DANIEL MCNEFF**

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>UNISEARCH</b>                                                                       |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>megan.brannberg@unisearch.com</b>                                                            |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>UNISEARCH</b><br><b>1780 Barnes Boulevard SW</b><br><b>Tumwater WA 98512 USA</b> |

|                                                                                                                                             |                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Filed in the Office of<br><i>J. Veillette</i><br>Director, Division of<br>Corporations and<br>Commercial Code<br>Filed in the state of Utah | Filing Number<br><b>230928994603-5</b><br>Initial Filing Number<br><b>210827800456-3</b><br>Filed On<br><b>September 28, 2023 05:11 PM</b><br>Lapse Date<br><b>08/27/2026</b><br>Number of Pages<br><b>1</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                      |                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>210827800456-3</b> | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

|                          |                     |                               |        |
|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME  |                     |                               |        |
| OR                       |                     |                               |        |
| 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                            |  |  |        |
|--------------------------------------------|--|--|--------|
| 7a. ORGANIZATION'S NAME                    |  |  |        |
| OR                                         |  |  |        |
| 7b. INDIVIDUAL'S SURNAME                   |  |  |        |
| INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  | SUFFIX |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                                     |                     |                               |        |
|-----------------------------------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>FAVO FUNDING, LLC</b> |                     |                               |        |
| OR                                                  |                     |                               |        |
| 9b. INDIVIDUAL'S SURNAME                            | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA:

**DEBTORLEGALLY MINE LLC/ DANIEL MCNEFF**

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                |                                                                                                               |                                               |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                            | Filed in the Office of<br><i>J. Veillette</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Initial Filing Number<br><b>20241017894-5</b> |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfilingreturn@wolterskluwer.com</b>                                              |                                                                                                               | Filed On<br><b>1/17/2024 11:28:08 AM</b>      |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><br><b>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071 USA</b> |                                                                                                               | Lapse Date<br><b>1/17/2029</b>                |
|                                                                                                                                |                                                                                                               | Number of Pages<br><b>1</b>                   |

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<br><b>LEGALLY MINE, LLC</b> |                          |                     |                               |                       |
| OR                                                  | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 1c. MAILING ADDRESS<br><b>1337 E 750 N</b>          | CITY<br><b>OREM</b>      | STATE<br><b>UT</b>  | POSTAL CODE<br><b>84097</b>   | COUNTRY<br><b>USA</b> |

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<br><b>C T Corporation System, as representative</b> |                          |                     |                               |                       |
| OR                                                                          | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 3c. MAILING ADDRESS<br><b>330 N Brand Blvd, Suite 700, Attn: SPRS</b>       | CITY<br><b>Glendale</b>  | STATE<br><b>CA</b>  | POSTAL CODE<br><b>91203</b>   | COUNTRY<br><b>USA</b> |

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

Secured Party has purchased certain "Future Receipts" from Debtor. "Future Receipts" means all payments made to Debtor by cash, check, ACH or other electronic transfer, credit card, debit card, bank card, charge card or other form of monetary payment in the ordinary course of Debtor's business. Notice: Pursuant to the agreement between Debtor and Secured Party, Debtor is prohibited from obtaining any financing that impairs the value of the Future Receipts or Secured Party's right to collect same. In the event that any entity is granted a security interest in Debtor's Future Receipts contrary to the above, the Secured Party asserts a claim to any proceeds thereof received by such entity. As per the FUTURE RECEIVABLES SALE AGREEMENT, the Secured Party has a security interest in all of Debtor's present and future accounts, chattel paper, deposit accounts, documents, personal property, assets and fixtures, general intangibles, instruments and inventory whenever located, equipment, and proceeds now or hereafter owned or acquired by Debtor.

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**96938824**

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                            |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfilingreturn@wolterskluwer.com</b>                                              |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><br><b>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071 USA</b> |

|                                                                                                               |                                               |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Filed in the Office of<br><i>J. Veillette</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Initial Filing Number<br><b>20241048876-8</b> |
|                                                                                                               | Filed On<br><b>5/16/2024 2:54:09 PM</b>       |
|                                                                                                               | Lapse Date<br><b>5/16/2029</b>                |
|                                                                                                               | Number of Pages<br><b>1</b>                   |

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)

|                                                   |                                                    |                     |                               |                             |
|---------------------------------------------------|----------------------------------------------------|---------------------|-------------------------------|-----------------------------|
| OR                                                | 1a. ORGANIZATION'S NAME<br><b>Legally Mine LLC</b> |                     |                               |                             |
|                                                   | 1b. INDIVIDUAL'S SURNAME                           | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 1c. MAILING ADDRESS<br><b>1337 East 750 North</b> |                                                    | CITY<br><b>Orem</b> | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84097</b> |
| COUNTRY<br><b>USA</b>                             |                                                    |                     |                               |                             |

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)

|                     |                          |                     |                               |             |
|---------------------|--------------------------|---------------------|-------------------------------|-------------|
| OR                  | 2a. ORGANIZATION'S NAME  |                     |                               |             |
|                     | 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)

|                                                                       |                                                                             |                         |                               |                             |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------|-------------------------------|-----------------------------|
| OR                                                                    | 3a. ORGANIZATION'S NAME<br><b>C T Corporation System, as representative</b> |                         |                               |                             |
|                                                                       | 3b. INDIVIDUAL'S SURNAME                                                    | FIRST PERSONAL NAME     | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |
| 3c. MAILING ADDRESS<br><b>330 N Brand Blvd, Suite 700; Attn: SPRS</b> |                                                                             | CITY<br><b>Glendale</b> | STATE<br><b>CA</b>            | POSTAL CODE<br><b>91203</b> |
| COUNTRY<br><b>USA</b>                                                 |                                                                             |                         |                               |                             |

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

**"Debtor and Secured Party also hereby agree that the security pledged by Debtor as collateral for the underlying obligation includes the following: All current assets of the Debtor as of the enforcement date of this Security Instrument, including but not limited to cash, accounts receivable, other receivables, equipment, inventory, along with all trade fixtures belonging to the Debtor; all inclusive of after acquired property."**

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**98920043**

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                            |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfilingreturn@wolterskluwer.com</b>                                              |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><br><b>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071 USA</b> |

|                                                                                                               |                                               |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Filed in the Office of<br><i>J. Veillette</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Initial Filing Number<br><b>20241080345-3</b> |
|                                                                                                               | Filed On<br><b>8/15/2024 4:31:26 PM</b>       |
|                                                                                                               | Lapse Date<br><b>8/15/2029</b>                |
|                                                                                                               | Number of Pages<br><b>1</b>                   |

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<br><b>Legally Mine, LLC</b> |                          |                     |                               |                       |
| OR                                                  | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 1c. MAILING ADDRESS<br><b>1337 East 750 North</b>   | CITY<br><b>Orem</b>      | STATE<br><b>UT</b>  | POSTAL CODE<br><b>84097</b>   | COUNTRY<br><b>USA</b> |

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<br><b>C T Corporation System, as representative</b> |                          |                     |                               |                       |
| OR                                                                          | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 3c. MAILING ADDRESS<br><b>330 N Brand Blvd, Suite 700; Attn: SPRS</b>       | CITY<br><b>Glendale</b>  | STATE<br><b>CA</b>  | POSTAL CODE<br><b>91203</b>   | COUNTRY<br><b>USA</b> |

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

To secure the prompt and complete payment, performance and observance of all of the Obligations under any and/or all Agreement(s) between the Debtor and the Secured Party, the Debtor hereby grants, assigns, conveys, mortgages, pledges, hypothecates and transfers to the Secured Party, a Lien upon, and security interest in (the "Security Interest"), all of its right, title and interest in, to and under all of its assets and property, including, without limitation, the below mentioned items, whether now owned by or owing to, or hereafter acquired by, or arising in favor of, Debtor (including under any trade names, styles or derivations thereof), and whether owned or consigned by or to, or leased from or to, Debtor (all of which being hereinafter collectively referred to as the "Collateral"): (i) all Accounts; (ii) all Chattel Paper; (iii) all contracts; (iv) all Documents; (v) all Equipment; (vi) all Fixtures; (vii) all General Intangibles; (viii) all Goods; (ix) all Instruments; (x) all Inventory; (xi) all Investment Property; (xii) all money, cash or cash equivalents; (xiii) all Intellectual Property; (xiv) the Bank Account and all deposits therein, including all money, cash or cash equivalents therein; and to the extent not otherwise included in any of the foregoing, all Proceeds and products of the foregoing and all accessions to, substitutions and replacements for, and rents and profits of, each of the foregoing items mentioned above.

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**100262811**

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                |                                                                                                              |                                               |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                            | Filed in the Office of<br><i>Adam Watson</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Initial Filing Number<br><b>20251112783-2</b> |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfilingreturn@wolterskluwer.com</b>                                              |                                                                                                              | Filed On<br><b>1/3/2025 7:04:34 AM</b>        |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><br><b>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071 USA</b> |                                                                                                              | Lapse Date<br><b>1/3/2030</b>                 |
|                                                                                                                                |                                                                                                              | Number of Pages<br><b>3</b>                   |

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<br><b>LEGALLY MINE LLC</b> |                     |                               |                             |                       |
| OR 1b. INDIVIDUAL'S SURNAME                        | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |                             | SUFFIX                |
| 1c. MAILING ADDRESS<br><b>1337 E 750 N</b>         | CITY<br><b>OREM</b> | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84097</b> | COUNTRY<br><b>USA</b> |

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<br><b>LEGAL BEAR LLC</b> |                     |                               |                             |                       |
| OR 2b. INDIVIDUAL'S SURNAME                      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |                             | SUFFIX                |
| 2c. MAILING ADDRESS<br><b>1337 E 750 N</b>       | CITY<br><b>OREM</b> | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84097</b> | COUNTRY<br><b>USA</b> |

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<br><b>C T CORPORATION SYSTEM, AS REPRESENTATIVE</b> |                         |                               |                             |                       |
| OR 3b. INDIVIDUAL'S SURNAME                                                 | FIRST PERSONAL NAME     | ADDITIONAL NAME(S)/INITIAL(S) |                             | SUFFIX                |
| 3c. MAILING ADDRESS<br><b>330 N Brand Blvd, Suite 700; Attn: SPRS</b>       | CITY<br><b>Glendale</b> | STATE<br><b>CA</b>            | POSTAL CODE<br><b>91203</b> | COUNTRY<br><b>USA</b> |

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

**Receivables - All assets now owned or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables; b. Chattel Paper; c. Inventory; d. Equipment; e. Instruments, including but not limited to, Promissory Notes; f. Investment Property; g. Documents; h. Deposit Accounts; i. Letter of Credit Rights; j. General Intangibles; k. Supporting Obligations; and l. Proceeds and Products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCES IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.**

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**102331292**

## UCC FINANCING STATEMENT ADDITIONAL PARTY

### FOLLOW INSTRUCTIONS

18. 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 ☐

|                                                     |        |
|-----------------------------------------------------|--------|
| 18a. ORGANIZATION'S NAME<br><b>LEGALLY MINE LLC</b> |        |
| OR                                                  |        |
| 18b. INDIVIDUAL'S SURNAME                           |        |
| FIRST PERSONAL NAME                                 |        |
| ADDITIONAL NAME(S)/INITIAL(S)                       | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                                                         |                     |                               |                       |                             |
|-------------------------------------------------------------------------|---------------------|-------------------------------|-----------------------|-----------------------------|
| 19a. ORGANIZATION'S NAME<br><b>LEGALLY MINE TAX AND ACCOUNTING, LLC</b> |                     |                               |                       |                             |
| OR                                                                      |                     |                               |                       |                             |
| 19b. INDIVIDUAL'S SURNAME                                               | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |                             |
| 19c. MAILING ADDRESS<br><b>1337 E 750 N</b>                             |                     | CITY<br><b>OREM</b>           | STATE<br><b>UT</b>    | POSTAL CODE<br><b>84097</b> |
|                                                                         |                     |                               | COUNTRY<br><b>USA</b> |                             |

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                                 |                     |                               |                       |                             |
|-------------------------------------------------|---------------------|-------------------------------|-----------------------|-----------------------------|
| 20a. ORGANIZATION'S NAME<br><b>PROCURE, LLC</b> |                     |                               |                       |                             |
| OR                                              |                     |                               |                       |                             |
| 20b. INDIVIDUAL'S SURNAME                       | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |                             |
| 20c. MAILING ADDRESS<br><b>1337 E 750 N</b>     |                     | CITY<br><b>OREM</b>           | STATE<br><b>UT</b>    | POSTAL CODE<br><b>84097</b> |
|                                                 |                     |                               | COUNTRY<br><b>USA</b> |                             |

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                                |                     |                               |                       |                             |
|------------------------------------------------|---------------------|-------------------------------|-----------------------|-----------------------------|
| 21a. ORGANIZATION'S NAME<br><b>SHIELLD LLC</b> |                     |                               |                       |                             |
| OR                                             |                     |                               |                       |                             |
| 21b. INDIVIDUAL'S SURNAME                      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |                             |
| 21c. MAILING ADDRESS<br><b>1337 E 750 N</b>    |                     | CITY<br><b>OREM</b>           | STATE<br><b>UT</b>    | POSTAL CODE<br><b>84097</b> |
|                                                |                     |                               | COUNTRY<br><b>USA</b> |                             |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

|                           |                     |                               |         |             |
|---------------------------|---------------------|-------------------------------|---------|-------------|
| 22a. ORGANIZATION'S NAME  |                     |                               |         |             |
| OR                        |                     |                               |         |             |
| 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |             |
| 22c. MAILING ADDRESS      |                     | CITY                          | STATE   | POSTAL CODE |
|                           |                     |                               | COUNTRY |             |

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

|                           |                     |                               |         |             |
|---------------------------|---------------------|-------------------------------|---------|-------------|
| 23a. ORGANIZATION'S NAME  |                     |                               |         |             |
| OR                        |                     |                               |         |             |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |             |
| 23c. MAILING ADDRESS      |                     | CITY                          | STATE   | POSTAL CODE |
|                           |                     |                               | COUNTRY |             |

24. MISCELLANEOUS:

## UCC FINANCING STATEMENT ADDITIONAL PARTY

### FOLLOW INSTRUCTIONS

18. 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 ☐

|                                                     |        |
|-----------------------------------------------------|--------|
| 18a. ORGANIZATION'S NAME<br><b>LEGALLY MINE LLC</b> |        |
| OR                                                  |        |
| 18b. INDIVIDUAL'S SURNAME                           |        |
| FIRST PERSONAL NAME                                 |        |
| ADDITIONAL NAME(S)/INITIAL(S)                       | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                                       |                     |                               |                       |                             |
|-------------------------------------------------------|---------------------|-------------------------------|-----------------------|-----------------------------|
| 19a. ORGANIZATION'S NAME<br><b>TEAM DENTISTRY LLC</b> |                     |                               |                       |                             |
| OR                                                    |                     |                               |                       |                             |
| 19b. INDIVIDUAL'S SURNAME                             | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |                             |
| 19c. MAILING ADDRESS<br><b>1337 E 750 N</b>           |                     | CITY<br><b>OREM</b>           | STATE<br><b>UT</b>    | POSTAL CODE<br><b>84097</b> |
|                                                       |                     |                               | COUNTRY<br><b>USA</b> |                             |

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                              |                                          |                               |                       |                             |
|----------------------------------------------|------------------------------------------|-------------------------------|-----------------------|-----------------------------|
| 20a. ORGANIZATION'S NAME                     |                                          |                               |                       |                             |
| OR                                           |                                          |                               |                       |                             |
| 20b. INDIVIDUAL'S SURNAME<br><b>MCNEFF</b>   | FIRST PERSONAL NAME<br><b>DANIEL JAY</b> | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |                             |
| 20c. MAILING ADDRESS<br><b>65 N PALISADE</b> |                                          | CITY<br><b>OREM</b>           | STATE<br><b>UT</b>    | POSTAL CODE<br><b>84097</b> |
|                                              |                                          |                               | COUNTRY<br><b>USA</b> |                             |

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                           |                     |                               |         |             |
|---------------------------|---------------------|-------------------------------|---------|-------------|
| 21a. ORGANIZATION'S NAME  |                     |                               |         |             |
| OR                        |                     |                               |         |             |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |             |
| 21c. MAILING ADDRESS      |                     | CITY                          | STATE   | POSTAL CODE |
|                           |                     |                               | COUNTRY |             |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

|                           |                     |                               |         |             |
|---------------------------|---------------------|-------------------------------|---------|-------------|
| 22a. ORGANIZATION'S NAME  |                     |                               |         |             |
| OR                        |                     |                               |         |             |
| 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |             |
| 22c. MAILING ADDRESS      |                     | CITY                          | STATE   | POSTAL CODE |
|                           |                     |                               | COUNTRY |             |

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

|                           |                     |                               |         |             |
|---------------------------|---------------------|-------------------------------|---------|-------------|
| 23a. ORGANIZATION'S NAME  |                     |                               |         |             |
| OR                        |                     |                               |         |             |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |             |
| 23c. MAILING ADDRESS      |                     | CITY                          | STATE   | POSTAL CODE |
|                           |                     |                               | COUNTRY |             |

24. MISCELLANEOUS:

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                |                                                                                                              |                                               |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                            | Filed in the Office of<br><i>Adam Watson</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Initial Filing Number<br><b>20251114026-3</b> |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfilingreturn@wolterskluwer.com</b>                                              |                                                                                                              | Filed On<br><b>1/8/2025 1:04:50 PM</b>        |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><br><b>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071 USA</b> |                                                                                                              | Lapse Date<br><b>1/8/2030</b>                 |
|                                                                                                                                |                                                                                                              | Number of Pages<br><b>1</b>                   |

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<br><b>Legally Mine LLC</b> |                     |                               |                             |                       |
| OR 1b. INDIVIDUAL'S SURNAME                        | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |                             | SUFFIX                |
| 1c. MAILING ADDRESS<br><b>1337 E 750 N St</b>      | CITY<br><b>Orem</b> | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84097</b> | COUNTRY<br><b>USA</b> |

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<br><b>Mcneff</b> | FIRST PERSONAL NAME<br><b>Daniel</b> | ADDITIONAL NAME(S)/INITIAL(S)<br><b>Jay</b> |                             | SUFFIX                |
| 2c. MAILING ADDRESS<br><b>65 Palisade Dr</b> | CITY<br><b>Orem</b>                  | STATE<br><b>UT</b>                          | POSTAL CODE<br><b>84097</b> | COUNTRY<br><b>USA</b> |

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<br><b>CT Corp as representative</b> |                         |                               |                             |                       |
| OR 3b. INDIVIDUAL'S SURNAME                                 | FIRST PERSONAL NAME     | ADDITIONAL NAME(S)/INITIAL(S) |                             | SUFFIX                |
| 3c. MAILING ADDRESS<br><b>2433 Knapp St</b>                 | CITY<br><b>Brooklyn</b> | STATE<br><b>NY</b>            | POSTAL CODE<br><b>11235</b> | COUNTRY<br><b>USA</b> |

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

**Receivables- All personal property of every kind and nature, including, without limitation, all accounts, contract rights, rights to the payment of money, insurance claims and proceeds, chattel paper, electric chattel paper, documents, instruments, securities and other investment property, deposit accounts, supporting obligations of every nature, and general intangibles, including without limitation, customer lists, and all books and records related thereto, and all recorded data of any kind and any nature, regardless of the medium of recording; together with, to the extent not listed above as the original collateral, all substitutions and replacements for and products of any of the foregoing property, and together with proceeds of any and all of the foregoing property. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTIOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCES IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.**

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**102397040**

Date: 01/24/2025

Receipt Number: 10913057

Amount Paid: \$48.00

## UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT SUBMITTER (optional)  
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Lien Solutions  
P.O. Box 29071  
Glendale, CA 91209-9071

102597472  
UTUT

File with: Div of Corp and Commercial, UT

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

|                                                              |                                                 |
|--------------------------------------------------------------|-------------------------------------------------|
| Filed in the Office of<br><i>Adam Watson</i>                 | Filing Number<br><b>2501271118060-8</b>         |
| Director, Division of<br>Corporations and<br>Commercial Code | Initial Filing Number<br><b>2501271118060-8</b> |
| Filed in the state of<br>Utah                                | Filed On<br><b>January 24, 2025 04:00 PM</b>    |
|                                                              | Lapse Date<br><b>01/24/2030</b>                 |
|                                                              | Number of Pages<br><b>4</b>                     |

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<br><b>LEGALLY MINE, LLC</b> |                          |                     |                               |         |
| OR                                                  | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 1c. MAILING ADDRESS                                 | CITY                     | STATE               | POSTAL CODE                   | COUNTRY |
| 1337 East 750 North Street                          | Orem                     | UT                  | 84097                         | 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<br><b>TEAM DENTISTRY, LLC</b> |                          |                     |                               |         |
| OR                                                    | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 2c. MAILING ADDRESS                                   | CITY                     | STATE               | POSTAL CODE                   | COUNTRY |
| 1337 East 750 North Street                            | Orem                     | UT                  | 84097                         | 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<br><b>C T Corporation System, as representative</b> |                          |                     |                               |         |
| OR                                                                          | 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 3c. MAILING ADDRESS                                                         | CITY                     | STATE               | POSTAL CODE                   | COUNTRY |
| 330 N Brand Blvd, Suite 700, Attn SPRS                                      | Glendale                 | CA                  | 91203                         | USA     |

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

Secured Party has purchased certain "Future Receipts" from Debtor. "Future Receipts" includes all payments received by Seller, or its right to receive such payments, in the ordinary course of Seller's business, including but not limited to (a)

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

102597472

Date: 01/24/2025

Receipt Number: 10913057

Amount Paid: \$48.00

**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

LEGALLY MINE, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

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

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

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

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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):

payments made by cash, check, Automated Clearing House ("ACH") or other electronic transfer; (b) payments, or rights to payments, made by credit card, debit card, bank card, charge card; (c) accounts and payment intangibles; and (d) payments made by

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:

Date: 01/24/2025

Receipt Number: 10913057

Amount Paid: \$48.00

**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

LEGALLY MINE, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

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

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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):  
any other form.

Notice: Pursuant to the agreement between Debtor and Secured Party, Debtor is prohibited from obtaining any financing that impairs the value of the Future Receipts or Secured Party's right to collect same.

In the event that any

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:

Date: 01/24/2025

Receipt Number: 10913057

Amount Paid: \$48.00

**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

LEGALLY MINE, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

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

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

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

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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):

entity is granted a security interest in the Future Receipts contrary to the above, the Secured Party asserts a claim to any proceeds thereof received by such entity.

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:

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                              |  |                                                              |  |                                               |  |
|------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Corporation Service Company 1-800-858-5294</b>                          |  | Filed in the Office of<br><i>Adam Watson</i>                 |  | Initial Filing Number<br><b>20251132451-5</b> |  |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>SPRFiling@cscglobal.com</b>                                                      |  | Director, Division of<br>Corporations and<br>Commercial Code |  | Filed On<br><b>3/24/2025 12:23:17 PM</b>      |  |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><br><b>CSC<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703 USA</b> |  |                                                              |  | Lapse Date<br><b>3/24/2030</b>                |  |
|                                                                                                                              |  |                                                              |  | Number of Pages<br><b>1</b>                   |  |

**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<br><b>LEGALLY MINE, LLC</b> |                          |                     |                     |                               |                       |
| OR                                                  | 1b. INDIVIDUAL'S SURNAME |                     | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 1c. MAILING ADDRESS<br><b>65 N PALISADE</b>         |                          | CITY<br><b>OREM</b> | STATE<br><b>UT</b>  | POSTAL CODE<br><b>84097</b>   | COUNTRY<br><b>USA</b> |

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<br><b>MCNEFF</b> |                     | FIRST PERSONAL NAME<br><b>DANIEL</b> | ADDITIONAL NAME(S)/INITIAL(S)<br><b>JAY</b> | SUFFIX                |
| 2c. MAILING ADDRESS<br><b>65 N PALISADE</b> |                                           | CITY<br><b>OREM</b> | STATE<br><b>UT</b>                   | POSTAL CODE<br><b>84097</b>                 | COUNTRY<br><b>USA</b> |

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<br><b>CASTLE FUNDING CORP</b> |                          |                         |                     |                               |                       |
| OR                                                    | 3b. INDIVIDUAL'S SURNAME |                         | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                |
| 3c. MAILING ADDRESS<br><b>5309 13TH AVE</b>           |                          | CITY<br><b>BROOKLYN</b> | STATE<br><b>NY</b>  | POSTAL CODE<br><b>11219</b>   | COUNTRY<br><b>USA</b> |

4. COLLATERAL: This financing statement covers the following collateral:  
**All accounts receivable, receipts, instruments, contract rights and other rights to receive the payment of money, patents, chattel paper, licenses, leases and general intangibles, whether now owned acquired or arising, and all of the debtor's books and records relating to any of the foregoing.**

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 <u>only</u> , if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility |  |  | 6b. Check <u>only</u> , if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:  
**1892786**

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)<br/><b>Corporation Service Company 1-800-858-5294</b></p> <p>B. E-MAIL CONTACT AT FILER (optional)<br/><b>SPRFiling@cscglobal.com</b></p> <p>C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br/><br/><b>Corporation Service Company<br/>801 Adlai Stevenson Drive<br/>Springfield, IL 62703 USA</b></p> | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 5px;">Filed in the Office of<br/><i>Adam Watson</i><br/><br/>Director, Division of<br/>Corporations and<br/>Commercial Code</td><td style="width: 40%; padding: 5px;">Initial Filing Number<br/><b>20251161061-9</b><br/><br/>Filed On<br/><b>6/20/2025 7:26:08 AM</b><br/><br/>Lapse Date<br/><b>6/20/2030</b><br/><br/>Number of Pages<br/><b>1</b></td></tr></table> | Filed in the Office of<br><i>Adam Watson</i><br><br>Director, Division of<br>Corporations and<br>Commercial Code | Initial Filing Number<br><b>20251161061-9</b><br><br>Filed On<br><b>6/20/2025 7:26:08 AM</b><br><br>Lapse Date<br><b>6/20/2030</b><br><br>Number of Pages<br><b>1</b> |
| Filed in the Office of<br><i>Adam Watson</i><br><br>Director, Division of<br>Corporations and<br>Commercial Code                                                                                                                                                                                                                                              | Initial Filing Number<br><b>20251161061-9</b><br><br>Filed On<br><b>6/20/2025 7:26:08 AM</b><br><br>Lapse Date<br><b>6/20/2030</b><br><br>Number of Pages<br><b>1</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                                                                                                                                       |

**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<br><b>Legally Mine LLC</b> |                     |                               |                             |                       |
| OR 1b. INDIVIDUAL'S SURNAME                        | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |                       |
| 1c. MAILING ADDRESS<br><b>1337 E 750 N</b>         | CITY<br><b>Orem</b> | STATE<br><b>UT</b>            | POSTAL CODE<br><b>84097</b> | COUNTRY<br><b>USA</b> |

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<br><b>Corporation Service Company, As Representative</b> |                            |                               |                             |                       |
| OR 3b. INDIVIDUAL'S SURNAME                                                      | FIRST PERSONAL NAME        | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX                      |                       |
| 3c. MAILING ADDRESS<br><b>PO Box 2576, UCCSPrep@CSCGLOBAL.COM</b>                | CITY<br><b>Springfield</b> | STATE<br><b>IL</b>            | POSTAL CODE<br><b>62708</b> | COUNTRY<br><b>USA</b> |

4. COLLATERAL: This financing statement covers the following collateral:  
**"Future Receipts" sold by Debtor to Secured Party. "Future Receipts" means any payments received by Debtor from customers and other third-parties in exchange for Debtor's goods or services (in any form including, but not limited to, cash, check, payment card, and electronic transfers). Debtor & Secured Party intend that the sale of Future Receipts is a sale and not an assignment for security or a financing. Pursuant to the agreement between Secured Party and Debtor, Debtor is prohibited from transferring any Future Receipts to any other person or entity, granting any security interests in its accounts receivables, or obtaining any financing that impairs the value of the Future Receipts or Secured Party's right to collect the same until Secured Party has received all amounts due to it.**

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 <u>only</u> , if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | 6b. Check <u>only</u> , if applicable and check <u>only</u> one box:<br><input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensors

8. OPTIONAL FILER REFERENCE DATA:  
**3158 61854:315861854**

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b><br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                                | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; vertical-align: top;">Filed in the Office of<br/><i>Alan Watson</i><br/>Director, Division of<br/>Corporations and<br/>Commercial Code</td><td style="width: 50%; vertical-align: top;">Document Number<br/><b>20251180932-0</b><br/><br/>Filed Date and Time<br/><b>8/25/2025 7:17:23 AM</b><br/><br/>Number of Pages<br/><b>1</b></td></tr></table> | Filed in the Office of<br><i>Alan Watson</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Document Number<br><b>20251180932-0</b><br><br>Filed Date and Time<br><b>8/25/2025 7:17:23 AM</b><br><br>Number of Pages<br><b>1</b> |
| Filed in the Office of<br><i>Alan Watson</i><br>Director, Division of<br>Corporations and<br>Commercial Code                                  | Document Number<br><b>20251180932-0</b><br><br>Filed Date and Time<br><b>8/25/2025 7:17:23 AM</b><br><br>Number of Pages<br><b>1</b>                                                                                                                                                                                                                                                                                                               |                                                                                                              |                                                                                                                                      |
| <b>B. E-MAIL CONTACT AT FILER (optional)</b><br><b>uccfilingreturn@wolterskluwer.com</b>                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |                                                                                                                                      |
| <b>C. SEND ACKNOWLEDGEMENT TO: (Name and Address)</b><br><b>Lien Solutions</b><br><b>P.O. Box 29071</b><br><b>Glendale, CA 91209-9071 USA</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |                                                                                                                                      |

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

|                                                                            |                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b><br><b>20241048876-8</b> | <b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**2.** ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

**3.** ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

**4.** ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

**5.** ☐ **PARTY INFORMATION CHANGE:**  
Check one of these two boxes: AND Check one of these three boxes to:  

THIS Change affects ☐ Debtor or ☐ Party of record

☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c

☐ ADD name: Complete item 7a or 7b, and item 7c

☐ DELETE name: Give record name to be deleted in item 6a or 6b

**6. CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

|                          |                     |                               |        |
|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME  |                     |                               |        |
| OR                       |                     |                               |        |
| 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

**7. CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                            |        |
|--------------------------------------------|--------|
| 7a. ORGANIZATION'S NAME                    |        |
| OR                                         |        |
| 7b. INDIVIDUAL'S SURNAME                   |        |
| INDIVIDUAL'S FIRST PERSONAL NAME           |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

**8.** ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

**9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                                                             |                     |                               |        |
|-----------------------------------------------------------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>C T Corporation System, as representative</b> |                     |                               |        |
| OR                                                                          |                     |                               |        |
| 9b. INDIVIDUAL'S SURNAME                                                    | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

**10. OPTIONAL FILER REFERENCE DATA:**  
**105497643- Debtor: Legally Mine LLC**

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                        |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfilingreturn@wolterskluwer.com</b>                                          |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><b>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071 USA</b> |

|                                                              |                                                      |
|--------------------------------------------------------------|------------------------------------------------------|
| Filed in the Office of<br><i>Alan Watson</i>                 | Document Number<br><b>20251195435-8</b>              |
| Director, Division of<br>Corporations and<br>Commercial Code | Filed Date and Time<br><b>10/20/2025 11:00:50 AM</b> |
|                                                              | Number of Pages<br><b>1</b>                          |

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|                                                                       |                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>2501271118060-8</b> | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**  
Check one of these two boxes: AND Check one of these three boxes to:  
☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
☐ ADD name: Complete item 7a or 7b, and item 7c  
☐ DELETE name: Give record name to be deleted in item 6a or 6b  
This Change affects ☐ Debtor or ☐ Party of record

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

|                         |                          |                     |                               |        |
|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME |                          |                     |                               |        |
| OR                      | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                         |                                            |       |             |         |
|-------------------------|--------------------------------------------|-------|-------------|---------|
| 7a. ORGANIZATION'S NAME |                                            |       |             |         |
| OR                      | 7b. INDIVIDUAL'S SURNAME                   |       |             |         |
|                         | INDIVIDUAL'S FIRST PERSONAL NAME           |       |             |         |
|                         | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |       |             | SUFFIX  |
| 7c. MAILING ADDRESS     | CITY                                       | STATE | POSTAL CODE | COUNTRY |

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                                                             |                          |                     |                               |        |
|-----------------------------------------------------------------------------|--------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>C T Corporation System, as representative</b> |                          |                     |                               |        |
| OR                                                                          | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. **OPTIONAL FILER REFERENCE DATA:**  
**106242804- Debtor: LEGALLY MINE, LLC**

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                        |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfilingreturn@wolterskluwer.com</b>                                          |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><b>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071 USA</b> |

|                                                              |                                                    |
|--------------------------------------------------------------|----------------------------------------------------|
| Filed in the Office of<br><i>Scott Whitaker</i>              | Document Number<br><b>20261240790-5</b>            |
| Director, Division of<br>Corporations and<br>Commercial Code | Filed Date and Time<br><b>4/13/2026 9:53:31 AM</b> |
|                                                              | Number of Pages<br><b>1</b>                        |

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|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>20251114026-3</b> | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**  
Check one of these two boxes: AND Check one of these three boxes to:  
☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
☐ ADD name: Complete item 7a or 7b, and item 7c  
☐ DELETE name: Give record name to be deleted in item 6a or 6b  
This Change affects ☐ Debtor or ☐ Party of record

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

|                         |                          |                     |                               |        |
|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME |                          |                     |                               |        |
| OR                      | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                         |                          |                     |                               |        |

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                         |                                            |  |  |        |
|-------------------------|--------------------------------------------|--|--|--------|
| 7a. ORGANIZATION'S NAME |                                            |  |  |        |
| OR                      | 7b. INDIVIDUAL'S SURNAME                   |  |  |        |
|                         | INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |        |
|                         | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  | SUFFIX |
|                         |                                            |  |  |        |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|                     |      |       |             |         |

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                                             |                          |                     |                               |        |
|-------------------------------------------------------------|--------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>CT Corp as representative</b> |                          |                     |                               |        |
| OR                                                          | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                                                             |                          |                     |                               |        |

10. **OPTIONAL FILER REFERENCE DATA:**  
**108490082- Debtor: Legally Mine LLC**

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                                             |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                 |                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b><br><b>Corporation Service Company 1-800-858-5294</b>                              |                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; vertical-align: top;">Filed in the Office of<br/><i>Scott Whitaker</i><br/>Director, Division of<br/>Corporations and<br/>Commercial Code</td><td style="width: 50%; vertical-align: top;">Document Number<br/><b>20261240845-2</b><br/><br/>Filed Date and Time<br/><b>4/13/2026 10:57:17 AM</b><br/><br/>Number of Pages<br/><b>1</b></td></tr></table> |  | Filed in the Office of<br><i>Scott Whitaker</i><br>Director, Division of<br>Corporations and<br>Commercial Code | Document Number<br><b>20261240845-2</b><br><br>Filed Date and Time<br><b>4/13/2026 10:57:17 AM</b><br><br>Number of Pages<br><b>1</b> |
| Filed in the Office of<br><i>Scott Whitaker</i><br>Director, Division of<br>Corporations and<br>Commercial Code                             | Document Number<br><b>20261240845-2</b><br><br>Filed Date and Time<br><b>4/13/2026 10:57:17 AM</b><br><br>Number of Pages<br><b>1</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                 |                                                                                                                                       |
| <b>B. E-MAIL CONTACT AT FILER (optional)</b><br><b>SPRFiling@cscglobal.com</b>                                                              |                                                                                                                                       | <b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                 |                                                                                                                                       |
| <b>C. SEND ACKNOWLEDGEMENT TO: (Name and Address)</b><br><b>CSC</b><br><b>801 Adlai Stevenson Drive</b><br><b>Springfield, IL 62703 USA</b> |                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                 |                                                                                                                                       |

|                                                                     |                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>20251132451-5</b> | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**  
Check one of these two boxes: AND Check one of these three boxes to:

Check one of these two boxes:  
This Change affects ☐ Debtor or ☐ Party of record

☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c

☐ ADD name: Complete item 7a or 7b, and item 7c

☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

|                          |                     |                               |        |
|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME  |                     |                               |        |
| OR                       |                     |                               |        |
| 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                                            |  |  |        |
|--------------------------------------------|--|--|--------|
| 7a. ORGANIZATION'S NAME                    |  |  |        |
| OR                                         |  |  |        |
| 7b. INDIVIDUAL'S SURNAME                   |  |  |        |
| INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  | SUFFIX |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|---------------------|------|-------|-------------|---------|

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                                       |                     |                               |        |
|-------------------------------------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>CASTLE FUNDING CORP</b> |                     |                               |        |
| OR                                                    |                     |                               |        |
| 9b. INDIVIDUAL'S SURNAME                              | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

10. **OPTIONAL FILER REFERENCE DATA:**  
**6023184**

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                        |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfilingreturn@wolterskluwer.com</b>                                          |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><b>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071 USA</b> |

|                                                              |                                                     |
|--------------------------------------------------------------|-----------------------------------------------------|
| Filed in the Office of<br><i>Scott Whitaker</i>              | Document Number<br><b>20261244281-1</b>             |
| Director, Division of<br>Corporations and<br>Commercial Code | Filed Date and Time<br><b>4/23/2026 12:49:24 PM</b> |
|                                                              | Number of Pages<br><b>1</b>                         |

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|                                                                     |                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>20241080345-3</b> | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ **PARTY INFORMATION CHANGE:**  
Check one of these two boxes: AND Check one of these three boxes to:  
☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
☐ ADD name: Complete item 7a or 7b, and item 7c  
☐ DELETE name: Give record name to be deleted in item 6a or 6b  
This Change affects ☐ Debtor or ☐ Party of record

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

|                         |                          |                     |                               |        |
|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME |                          |                     |                               |        |
| OR                      | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                         |                          |                     |                               |        |

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                         |                                            |  |  |        |
|-------------------------|--------------------------------------------|--|--|--------|
| 7a. ORGANIZATION'S NAME |                                            |  |  |        |
| OR                      | 7b. INDIVIDUAL'S SURNAME                   |  |  |        |
|                         | INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |        |
|                         | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  | SUFFIX |
|                         |                                            |  |  |        |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|                     |      |       |             |         |

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                                                             |                          |                     |                               |        |
|-----------------------------------------------------------------------------|--------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>C T Corporation System, as representative</b> |                          |                     |                               |        |
| OR                                                                          | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                                                                             |                          |                     |                               |        |

10. **OPTIONAL FILER REFERENCE DATA:**  
**108694514- Debtor: Legally Mine, LLC**

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

|                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br><b>Wolters Kluwer Lien Solutions 800-331-3282</b>                        |
| B. E-MAIL CONTACT AT FILER (optional)<br><b>uccfilingreturn@wolterskluwer.com</b>                                          |
| C. SEND ACKNOWLEDGEMENT TO: (Name and Address)<br><b>Lien Solutions<br/>P.O. Box 29071<br/>Glendale, CA 91209-9071 USA</b> |

|                                                              |                                                   |
|--------------------------------------------------------------|---------------------------------------------------|
| Filed in the Office of<br><i>Scott Whitaker</i>              | Document Number<br><b>20261247746-3</b>           |
| Director, Division of<br>Corporations and<br>Commercial Code | Filed Date and Time<br><b>5/7/2026 9:05:34 AM</b> |
|                                                              | Number of Pages<br><b>1</b>                       |

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|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER<br><b>20251112783-2</b> | 1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record]<br>(or recorded) in the REAL ESTATE RECORDS<br>Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item 13 |
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☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
☐ ADD name: Complete item 7a or 7b, and item 7c  
☐ DELETE name: Give record name to be deleted in item 6a or 6b  
This Change affects ☐ Debtor or ☐ Party of record

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

|                         |                          |                     |                               |        |
|-------------------------|--------------------------|---------------------|-------------------------------|--------|
| 6a. ORGANIZATION'S NAME |                          |                     |                               |        |
| OR                      | 6b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                         |                          |                     |                               |        |

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

|                         |                                            |  |  |        |
|-------------------------|--------------------------------------------|--|--|--------|
| 7a. ORGANIZATION'S NAME |                                            |  |  |        |
| OR                      | 7b. INDIVIDUAL'S SURNAME                   |  |  |        |
|                         | INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |        |
|                         | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  | SUFFIX |
|                         |                                            |  |  |        |

|                     |      |       |             |         |
|---------------------|------|-------|-------------|---------|
| 7c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|                     |      |       |             |         |

8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

|                                                                             |                          |                     |                               |        |
|-----------------------------------------------------------------------------|--------------------------|---------------------|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME<br><b>C T CORPORATION SYSTEM, AS REPRESENTATIVE</b> |                          |                     |                               |        |
| OR                                                                          | 9b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|                                                                             |                          |                     |                               |        |

10. **OPTIONAL FILER REFERENCE DATA:**  
**108879624- Debtor: LEGALLY MINE LLC**