

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) (877) 320-8301	
B. E-MAIL CONTACT AT SUBMITTER (optional) midwestnewrequests@usbank.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div>U.S. Bank National Association Collateral Department P.O. Box 3487 Oshkosh, WI 54902-6197</div> <div>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div>	

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 TIRE HOUSE LLC	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 8101 Aurora Ave N	CITY Seattle	STATE WA	POSTAL CODE 98103-4351	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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 U.S. Bank National Association	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1850 Osborn Ave	CITY Oshkosh	STATE WI	POSTAL CODE 54902	COUNTRY USA

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

All of the following, whether now owned or hereafter acquired by Debtor, individually, collectively or with others, and wherever located (including without limitation all documents, instruments, general intangibles, monies, accounts, additions and accessions, spare and repair parts, supplies, special tools, replacements, returned or repossessed goods and books and records constituting any part thereof, arising therefrom or relating thereto), whether constituting instruments, chattel paper, general intangibles, equipment, accounts, inventory, fixtures or other collateral; together with all supporting obligations therefor and all products and proceeds thereof:
all accounts, instruments, monies, documents, chattel paper, general intangibles, contract rights, investment property (including any securities entitlements and/or securities accounts held by Debtor), certificates of deposit, deposit accounts, and letter of credit rights;
all inventory; all equipment;

**Legal Description: Section 24, Township 34 North, Range 3 East; Ptn. NE NE
(aka Tract 1, Short Plat No. 68-79)
Assessor's Tax Parcel or Account Number: APN P22555**

Other than the sale or lease of inventory in the ordinary course of Debtor's business, the transfer or pledge to another party of any of the above-referenced collateral violates the rights of Secured Party, and Secured Party does not consent to any such transfer or pledge.

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: <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: <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: File with Washington Secretary of State	