

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Ammon Garcia

B. E-MAIL CONTACT AT FILER (optional)
support@timesharereliefawyer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Timeshare Cancellation Law Group, PLLC
8175 East Evans Rd. P.O. Box 15192
Scottsdale, AZ 85267

DOUGLAS COUNTY, NV **2022-984229**
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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

OR

| | | | | |
|---|---------------------------------------|---|-----------------------------|----------------------|
| 1b. INDIVIDUAL'S SURNAME Suarez | FIRST PERSONAL NAME Diana | ADDITIONAL NAME(S)/INITIAL(S) Selene Chavez | SUFFIX | |
| 1c. MAILING ADDRESS Yate 878 Fracc Altavela | CITY Bahia De Banderas, Nay | STATE NA | POSTAL CODE 63735 | COUNTRY MX |

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

OR

| | | | | |
|---|--------------------------------------|--|-----------------------------|-----------------------|
| 3b. INDIVIDUAL'S SURNAME Traskell | FIRST PERSONAL NAME Steven | ADDITIONAL NAME(S)/INITIAL(S) P. | SUFFIX | |
| 3c. MAILING ADDRESS 16650 S. Beverly Avenue | CITY Tinley Park | STATE IL | POSTAL CODE 60477 | COUNTRY USA |

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

A "Regular" Biennial Charter Membership Agreement set forth in contract number FO-924081884, sold by World Class Res International, Inc., a Nevada Nonprofit Corporation, and also know as W.C.R. Developments (TVL), Inc., a Nevada Corpora Steven and Barbara Traskell that consists of a multi-destinational, one bedroom unit to be occupied during one week, in odd 1 years, and other good and valuable consideration.

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: