		DOUGLAS Rec:\$60.00 \$60.00 CORP2000	COUNTY, Pgs=1	NV 2023 -03/08/2023	994545 08:15 AM
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		SHAWNYN	E GARREI	I, RECORDER	
A. NAME & PHONE OF CONTACT AT FILER (optional) Corp2000/RASi 800-482-1497					
B. E-MAIL CONTACT AT FILER (optional) orders@corp2000.com				\ \	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				\ \	
Corp2000/RASi	\neg			\ \	
720 14th Street				_ \ \	
Sacramento CA 95814	USA	THE ABOVE S	PACE IS FO	R FILING OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use ex name will not fit in line 1b, leave all of item 1 blank, check here and	act, full name; do not omit, modify, o provide the Individual Debtor informa	r abbreviate any part	t of the Debtor	's name); if any part of the	Individua l Debtor's
1a. ORGANIZATION'S NAME	Stovine the individual Deviol infolina	don in Rein 10 of the	Thanking 3te	dement Audendum (Polin e	JCCIAU)
OR Silicon Valley Commerce LLC	Commerce LLC RNAME EIRST PERSONAL NAME		LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
18. HATTEGER & GORNALDE	THO I I EKO ONTHE INTEREST)		TE THE CONTRIBUTION	JOHAN
1c. MAILING ADDRESS 195 HWY 50, STE 200A	Douglas		S TATE NV	POSTAL CODE 89448	COUNTRY USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex	act, full name; do not omit, modify, o	76			
name will not fit in line 2b, leave all of item 2 blank, check here and and 2a. ORGANIZATION'S NAME	provide the individual Debior informa	don in Rem 10 of the	г гиансид эн	tement Addendum (Form (JCCTA0)
OR AL DISPLEMENTAL OF CHILDREN	Inner passavar varge		I A DID FETO	NAT NAME (C) (DIFFIAL (C)	Levienni
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	R SECURED PARTY): Provide only	one Secured Party n	iame (3a or 3b)	
3a. ORGANIZATION'S NAME Wayflyer Financial LLC	\	\			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 746 Willoughby Way	спу Atlanta	 	S TATE GA	POSTAL CODE	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:	Allanta		JOA	30312	03/
All of Debtor's right, title and interest in a	and to the Wayflyer	Receivable	es purs	uant to that ce	rtain
Merchant Cash Advance Agreement dat	ed 09/01/2022, by	and betwe	en Silic	on Valley Com	ımerce
LLC and Wayflyer Financial LLC (as ma	y be amended, res	tated, modi	ified, or	supplemented	d from
time to time, the "MCA"). Capitalized ter	ms used but not otl	nerwise def	fined he	rein shall hav	e the
meanings assigned thereto in the MCA.					
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in	a Trust (see UCC1Ad, item 17 and I	nstructions) be	eing administe	red by a Decedent's Person	nal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Transact	ion A Debtor is a Transm			f applicable and check <u>only</u> ural Lien Non-UC	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer			nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Filed with: NV Douglas County					