Service Co.	70.00		
			400

WY Secretary of State

FILED: 03/10/2022 12:14 PM

ID: 2022-21302520

A. NAME & PHONE OF CONTACT AT FILER (optional)  S. EMAIL CONTACT AT FILER (optional)  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Newpoint Financial Corp 30 N Gould Street Sheridan Wyoning, 82801  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.  1. DEBTOR'S NAME: Provide only gog Debtor name (it or 10) (use east, find name; do not only, modily, or abbreviate any pair of the Debtor a rame); if any office in the 10, leave at of fram 1 stank, deach tone   and provide the individual Debtor information in time 10 of the Financing Statement Addresson (From UCC1446)  13. GROANZINGHY SAME  N. SAME Provide only gog Debtor name (it or 10) (use east, find name; do not only, modily, or abbreviate any pair of the Debtor a rame); if any office in the Network and the Individual Debtor information in time 10 of the Financing Statement Addresson (From UCC1446)  14. GROANZINGHY SAME  15. MANULING ADDRESS  GTY  STATE  16. MANULING ADDRESS  GTY  STATE  POSTAL CODE  COUNTRY  23. DEBTOR'S NAME: Provide only gog Debtor name (its or 20) (use east, find name; do not only, modily, or abbreviate any pair of the Debtor a rame); if any and or the Individual Debtor information in time 10 of the Financing Statement Addresson (From UCC1446)  15. MANULING ADDRESS  GTY  STATE  POSTAL CODE  COUNTRY  25. MANULING ADDRESS  GTY  STATE  POSTAL CODE  COUNTRY  SAME POSTAL CODE  COUNTRY		CC FINANCING STATEMENT LOW INSTRUCTIONS				,	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Newpoint Financial Corp 30 N Gould Street Sheridan Wyoming, 82801  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Proude only ago Debtor name (to or 10) (use exact, full names, do not one, modify, or aboversian any point of the Debtor name, frame) and of the individual Debtor (formation in late 10 of the financing Statement Addenture (from UCCIA)  15. DOGARIZATION'S NAME  NMS Special Opportunity Fund LP  16. MAILHAG ADDRESS  17. ADDITIONAL NAME(S)NRTIAL(S)  18. LAMIAND ADDRESS  20TY  STATE POSTAL CODE  COUNTRY  STATE PO	_			1		132	0 11 12 AA
Newpoint Financial Corp 30 N Gould Street Sheridan Wyoming, 82801  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.  1. DEBTOR'S NAME: Provide only gog Debtor name (is or 15) (use exact, full name; do not omit, mostly, or abbreviate any sent of the Debtor's name); if any pant of the Interior name with not in the 15, larger all of them 1 black, chock here   and provide the Individual Debtor Information in Item 10 of the Financing Statement Addendurin (Form UCC1Ad)  1. DEBTOR'S NAME: Provide only gog Debtor name (is or 15) (use exact, full name; do not omit, mostly, or abbreviate any sent of the Debtor's name); if any pant of the Individual Debtor Information in Item 10 of the Financing Statement Addendurin (Form UCC1Ad)  1. INDIVIDUAL'S SURNAME: Provide only gog Debtor name; (is or 25) (use exact, full name; do not omit, mostly, or abbreviate any pant of the Debtor's name); if any pant of the Individual Debtor Information in Item 10 of the Financing Statement Addendurin (Form UCC1Ad)  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME (is NAME of Add Name); if any pant of the Individual Debtor Information in Item 10 of the Financing Statement Addendurin (Form UCC1Ad)  2a. CREANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME (is NAME of ASSIGNOR SECURED PARTY); Provide only gog Secured Party name (is or 3b)  3c. SCURED PARTY'S NAME (is NAME of ASSIGNOR SECURED PARTY); Provide only gog Secured Party name (is or 3b)  3c. SCURED PARTY'S NAME (is NAME of ASSIGNOR SECURED PARTY); Provide only gog Secured Party name (is or 3b)  3c. SCURED PARTY'S NAME (is NAME of ASSIGNOR SECURED PARTY); Provide only gog Secured Party name (is or 3b)  3c. SCURED PARTY'S NAME (is NAME of ASSIGNOR SECURED PARTY); Provide only gog Secured Party name (is or 3b)  3c. SCURED PARTY'S NAME (is NAME of ASSIGNOR SECURED PARTY); Provide only gog Secured Party name (is or 3b)  3c. SCURED PARTY'S NAME (is NAME of ASSIGNOR SECURED PARTY); Provide only gog Secured Party name (is or 3b)  3c. SCURED PARTY'S NAME (is name); and in the individual Debtor informatio	В. Е	E-MAIL CONTACT AT FILER (optional)				3	bevi
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Wyoming, 82801    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	Γ	30 N Gould Street		¥		200 200	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1. DEBTOR'S NAME: Provide only one Debtor name (if a or 15) (use exact, full name; do not onlt, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1A)    Total Content of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1A)   Total Content of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1A)   Total Content of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1A)   Total Content of the Individual Debtor information in item 10 of the Individual Debtor Information in item 10 of the Debtor's name; it any part of the Individual Debtor Information in item 10 of the Patricing Statement Addendum (Form UCC1A)   Zo. DEBTOR'S NAME: Provide only gag Debtor name (Zo or 25) (use exact, full name; do not only, not abbreviate any part of the Debtor's name; it any part of the Individual Debtor Information in item 10 of the Patricing Statement Addendum (Form UCC1A)   Zo. DRANIZATION'S NAME   DEBTOR'S NAME: Provide only gag Debtor name (Zo or 25) (use exact, full name; do not only, not abbreviate any part of the Debtor's name; it any part of the Individual Debtor Information in item 10 of the Patricing Statement Addendum (Form UCC1A)   Zo. DRANIZATION'S NAME   FIRST PERSONAL NAME   PROSTAL CODE   PROSTAL CODE						No	68
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NMS Special Opportunity Fund LP    NIME Special Opportunity Fund LP   NIME Special Opp				modify, or abbreviate any part	of the Debtor'	s name); if any part of the In	dividual Debtor's
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433 N. Camden Drive, Suite 725  Beverly Hills  CA 90210  USA 2. DEBTOR'S NAME: Provide only gage 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 name will not if in ine 2b, leaves of of Item 2 blank, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addandum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  PIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SyINITIAL(S))  SUFFIX  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gage Secured Party name (3a or 3b)  3a. ORGANIZATION'S NAME  Newpoint Financial Corp.  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S))  SUFFIX  3c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3c. MAILING ADDRESS  CITY  SITIE  ADDITIONAL NAME(SYINITIAL(S))  SUFFIX  3c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3c. MOVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S))  SUFFIX  3c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3c. MAILING ADDRESS  ADDITIONAL NAME(SYINITIAL(S))  SUFFIX  ADDITIONAL NAME(SYINITIAL(S))  SUFFIX  STATE  POSTAL CODE  COUNTRY  3c. MAILING ADDRESS  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  3c. MAILING ADDRESS  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  3c. MAILING ADDRESS  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  STATE  POSTAL CODE  COUNTRY  STAT	OR		FIRST PERSONA	AL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor	6a.						
	7						
		ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor DPTIONAL FILER REFERENCE DATA:	Consignee/Consig	gnor Seller/Buyer	Ba	IIIee/Dalioi Lice	1996/FICGUSOL

# STATE OF WYOMING \* SECRETARY OF STATE EDWARD A. BUCHANAN BUSINESS DIVISION

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020

Phone: 307-777-7311 Email: UCC@wyo.gov

NEWPOINT FINANCIAL CORP 30 N GOULD STREET SHERIDAN, WY 82801

March 10, 2022

## **UCC Financing Statement Acknowledgement**

#### **FILING INFORMATION**

 Document #:
 2022-21302520

 Filing Date:
 03/10/2022

 Lapse Date:
 03/10/2032

Record Type: UCC

Receipt #: 002500606

Alternate Designation: Debtor / Secured Party

#### **DEBTOR INFORMATION**

Debtor Name: NMS SPECIAL OPPORTUNITY FUND LP Address: 433 N. CAMDEN DRIVE, SUITE 725

BEVERLY HILLS, CA 90210

#### **SECURED PARTY INFORMATION**

Secured Party Name: NEWPOINT FINANCIAL CORP.

Address: 30 N. GOULD ST.

SHERIDAN, WY 82801

This acknowledges the filing of the attached document. If we may be of any further service to you, please contact us at the number noted above.

EDWARD A. BUCHANAN SECRETARY OF STATE

State of Wyoming

Edward X. Bu

**Enclosures: Original Documents** 

# **RECEIPT**



Secretary of State
Herschler Bldg East, Ste.100 & 101
Cheyenne, WY 82002-0020

CYNDY JACKSON 1507 LAMPMAN CT CHEYENNE, WY 82007

## **RECEIPT INFORMATION**

Receipt #: 002500606
Receipt Date: 03/10/2022
Processed By: Celia Alvarado

DO NOT PAY! This is not a bill.

<b>Description of Charges</b>	Reference	Quantity	Unit Price	Total
UCC1 - Initial Filing	2022-21302520	1	\$30.00	\$30.00

## TOTAL CHARGES PAID

Amount

\$30.00

Description of Payment	Reference	Amount
Payment-PAD Account	00271	\$30.00

## TOTAL PAYMENT \$30.00

PAD Account: 00271 - CYNDY JACKSON	PAD Begin Balance:	\$1,724.60
	PAD End Balance:	\$1,694.60

In Reference To:

Initial Filing Doc ID: 2022-21302520