			FILED: 09/08/2023 07:46 AM		
			ID: 202	3-25522218	
C FINANCING					
	(front and back) CAREFULLY				
		8 9 10 11 12 4			
END ACKNOWLEDGN	MENT TO: (Name and Address)			S <sup>C</sup> Ceived → <b>AD3</b> or Siate	
			() Sa	OCo:	
	וף Holdings, Inc e Blvd, 10th Floor	RECEIVED	Sec. to	-> veg	
Beverly Hills		SEF -7 2023 N	War	2023	
CA 90212	2		VOMIN	Star	
	(4 <u>)</u>	Second Co		9 ~0	
L		CI II OF OF THE ABOVE	SPACE IS FO	R FILING OFFICE US	
BTOR'S EXACT FUL	LLEGAL NAME - insert only one debtor name (1a or 1k	) - do not abbreviate or combine names			
a. ORGANIZATION'S NA	ME				
NPFC SPV 1 In					
Tb. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SU		SUFFIX
			STATE		COUNTRY
AILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
AILING ADDRESS N Gould Street			STATE WY		
AILING ADDRESS N Gould Street EEINSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY Sheridan	STATE WY	POSTAL CODE	
AILING ADDRESS N Gould Street EEINSTRUCTIONS of Applicable	ADD'L INFO RE 1e. TYPE OF ORGANIZATION	CITY Sheridan 11. JURISDICTION OF ORGANIZATION	STATE WY 19. ORG	POSTAL CODE	
AILING ADDRESS N Gould Street EEINSTRUCTIONS Ot Applicable DDITIONAL DEBTOR	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 'S EXACT FULL LEGAL NAME - insert only one	CITY Sheridan 11. JURISDICTION OF ORGANIZATION	STATE WY 19. ORG	POSTAL CODE	
AILING ADDRESS N Gould Street EEINSTRUCTIONS ot Applicable DDITIONAL DEBTOR Da. ORGANIZATION'S NA	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 'S EXACT FULL LEGAL NAME - insert only one of ME	CITY Sheridan 11. JURISDICTION OF ORGANIZATION Jebtor name (2a or 2b) - do not abbreviate or comb	STATE WY 1g. ORG	POSTAL CODE 82801 ANIZATIONAL ID #, if any	
AILING ADDRESS N Gould Street EEINSTRUCTIONS ot Applicable DDITIONAL DEBTOR Da. ORGANIZATION'S NA	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 'S EXACT FULL LEGAL NAME - insert only one of ME	CITY Sheridan 11. JURISDICTION OF ORGANIZATION	STATE WY 19. ORG	POSTAL CODE 82801 ANIZATIONAL ID #, if any	
AILING ADDRESS N Gould Street EEINSTRUCTIONS ot Applicable DDITIONAL DEBTOR 20. ORGANIZATION'S NA 26. INDIVIDUAL'S LAST N	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 'S EXACT FULL LEGAL NAME - insert only one of ME	CITY Sheridan 11. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb	STATE WY 19. ORG J Dine names	POSTAL CODE 82801 ANIZATIONAL ID #, if any NAME	
AILING ADDRESS N Gould Street EINSTRUCTIONS of Applicable DDITIONAL DEBTOR Pa. ORGANIZATION'S NA 26. INDIVIDUAL'S LAST N	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 'S EXACT FULL LEGAL NAME - insert only one of ME	CITY Sheridan 11. JURISDICTION OF ORGANIZATION Jebtor name (2a or 2b) - do not abbreviate or comb	STATE WY 1g. ORG	POSTAL CODE 82801 ANIZATIONAL ID #, if any	
AILING ADDRESS N Gould Street EINSTRUCTIONS IT Applicable DITIONAL DEBTOR 20. ORGANIZATION'S NA 20. INDIVIDUAL'S LAST N AILING ADDRESS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 'S EXACT FULL LEGAL NAME - insert only one ME AME	CITY Sheridan 11. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb	STATE WY 1g. ORG J Doine names MIDDLE STATE	POSTAL CODE 82801 ANIZATIONAL ID #, if any NAME	
AILING ADDRESS N Gould Street EEINSTRUCTIONS OT Applicable DDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST N AILING ADDRESS EEINSTRUCTIONS	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 'S EXACT FULL LEGAL NAME - insert only one i ME AME AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION	CITY Sheridan If. JURISDICTION OF ORGANIZATION Bebtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY	STATE WY 1g. ORG J Doine names MIDDLE STATE	POSTAL CODE 82801 ANIZATIONAL ID #, if any NAME POSTAL CODE	
AILING ADDRESS N Gould Street EEINSTRUCTIONS DDITIONAL DEBTOR 20. ORGANIZATION'S NA 20. INDIVIDUAL'S LAST N AILING ADDRESS EEINSTRUCTIONS DT Applicable	ADD'L INFO RE       1e. TYPE OF ORGANIZATION         ORGANIZATION       DEBTOR         'S EXACT FULL LEGAL NAME - insert only one         ME         AME         ADD'L INFO RE       2e. TYPE OF ORGANIZATION         ORGANIZATION         DEBTOR	CITY Sheridan 1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	STATE WY 1g. ORG J Doine names MIDDLE STATE	POSTAL CODE 82801 ANIZATIONAL ID #, if any NAME POSTAL CODE	
AILING ADDRESS N Gould Street EEINSTRUCTIONS DT Applicable DDITIONAL DEBTOR 2a. ORGANIZATION'S NA 2b. INDIVIDUAL'S LAST N IAILING ADDRESS EEINSTRUCTIONS DT Applicable	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION 'S EXACT FULL LEGAL NAME - insert only one in ME AME AME ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY Sheridan 1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	STATE WY 1g. ORG J Doine names MIDDLE STATE	POSTAL CODE 82801 ANIZATIONAL ID #, if any NAME POSTAL CODE	
AILING ADDRESS N Gould Street EEINSTRUCTIONS ot Applicable DDITIONAL DEBTOR 2a. ORGANIZATION'S NA AILING ADDRESS EEINSTRUCTIONS ot Applicable ECURED PARTY'S I 3a. ORGANIZATION'S NA Patrons Group	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION JEBTOR 'S EXACT FULL LEGAL NAME - insert only one in ME AME AME AME AME CORGANIZATION DESTOR VAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/ ME Holdings, Inc	CITY Sheridan 1f. JURISDICTION OF ORGANIZATION Sebtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION P)-insert only <u>one</u> secured party name (3a or 3b)	STATE WY 19. ORG joine names MIDDLE STATE 29. ORG	POSTAL CODE 82801 ANIZATIONAL ID #, if any NAME POSTAL CODE ANIZATIONAL ID #, if any	
AILING ADDRESS N Gould Street EEINSTRUCTIONS ot Applicable DDITIONAL DEBTOR 2a. ORGANIZATION'S NA AILING ADDRESS EEINSTRUCTIONS ot Applicable ECURED PARTY'S I 3a. ORGANIZATION'S NA Patrons Group	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION JEBTOR 'S EXACT FULL LEGAL NAME - insert only one in ME AME AME AME AME CORGANIZATION DESTOR VAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/ ME Holdings, Inc	CITY Sheridan 1f. JURISDICTION OF ORGANIZATION debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	STATE WY 1g. ORG J Doine names MIDDLE STATE	POSTAL CODE 82801 ANIZATIONAL ID #, if any NAME POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX
AILING ADDRESS N Gould Street EEINSTRUCTIONS ot Applicable DDITIONAL DEBTOR 2a. ORGANIZATION'S NA AILING ADDRESS EEINSTRUCTIONS ot Applicable ECURED PARTY'S I 3a. ORGANIZATION'S NA Patrons Group 3b. INDIVIDUAL'S LAST N	ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION JEBTOR 'S EXACT FULL LEGAL NAME - insert only one in ME AME AME AME AME CORGANIZATION DESTOR VAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/ ME Holdings, Inc	CITY Sheridan 11. JURISDICTION OF ORGANIZATION Sebtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION P) - insert only <u>one</u> secured party name (3a or 3b) FIRST NAME	STATE WY 19. ORG joine names MIDDLE STATE 29. ORG	POSTAL CODE 82801 ANIZATIONAL ID #, if any NAME POSTAL CODE ANIZATIONAL ID #, if any NAME	
AILING ADDRESS N Gould Street EEINSTRUCTIONS ot Applicable DDITIONAL DEBTOR 2a. ORGANIZATION'S NA AILING ADDRESS EEINSTRUCTIONS ot Applicable ECURED PARTY'S I 3a. ORGANIZATION'S NA Patrons Group	ADD'L INFO RE       1e. TYPE OF ORGANIZATION         ORGANIZATION       DEBTOR         'S EXACT FULL LEGAL NAME - insert only one in the insert on the ins	CITY Sheridan 1f. JURISDICTION OF ORGANIZATION Sebtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION P)-insert only <u>one</u> secured party name (3a or 3b)	STATE WY 19. ORG joine names MIDDLE STATE 29. ORG	POSTAL CODE 82801 ANIZATIONAL ID #, if any NAME POSTAL CODE ANIZATIONAL ID #, if any	

NPFC/UST/CN/2023/01-88, NPFC/UST/CN/2023/01-89, NPFC/UST/CN/2023/01-90, NPFC/UST/CN/2023/01-91, NPFC/UST/CN/2023/01-92, NPFC/UST/CN/2023/01-93, NPFC/UST/CN/2023/01-94, NPFC/UST/CN/2023/01-95, NPFC/UST/CN/2023/01-96, NPFC/UST/CN/2023/01-97, NPFC/UST/CN/2023/01-98, NPFC/UST/CN/2023/01-99. Pursuant to the Note Issuance Agreement and Notes, Debtor has pledged to Secured Party as Collateral all of its rights to the principal corpus of the United States Treasury Bonds registered under CUSIP 912810QZ4. The terms of this Collateral Pledge and Security Agreement are reflected in the agreement between Secured Party and Debtor.

## STATE OF WYOMING \* SECRETARY OF STATE BUSINESS DIVISION

Herschler Bldg East, Ste.100 & 101 , Cheyenne, WY 82002-0020 Phone: 307-777-7311 | Email: UCC@wyo.gov

PATRONS GROUP HOLDINGS, INC 9701 WILSHIRE BLVD 10TH FL BEVERLY HILLS, CA 90212

September 8, 2023

### **UCC Financing Statement Acknowledgement**

#### FILING INFORMATION

Document #:
Filing Date:
Lapse Date:
Record Type:
Receipt #:
Alternate Designation:

2023-25522218 09/08/2023 09/08/2033 UCC 003198522 Debtor / Secured Party

#### **DEBTOR INFORMATION**

Debtor	Name:
Addres	s:

NPFC SPV 1 INC 30 N GOULD ST SHERIDAN, WY 82801

#### SECURED PARTY INFORMATION

Secured Party Name: Address:

PATRONS GROUP HOLDINGS, INC 9701 WILSHIRE BLVD 10TH FL BEVERLY HILLS, CA 90212

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.

CHƯCK GẾAY

Secretary of State State of Wyoming

**Enclosures:** Original Documents

# RECEIPT



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

# **RECEIPT INFORMATION**

 Receipt #:
 003198522

 Receipt Date:
 09/08/2023

 Processed By:
 Dani Cronk

DO NOT PAY! This is not a bill.

Description of Charges	Reference	Quantity	Unit Price	Total
UCC1 - Initial Filing	2023-25522218	1	\$30.00	\$30.00
	TOTAL CHARGES PAID			
Description of Payment	Reference			Amount
Payment-PAD Account	01204			\$30.00
	TOTAL P	AYMENT		\$30.00
PAD Account: 01204 - Corp1, Inc.		PAD Be	egin Balance:	\$1,939.94
		PAD I	End Balance:	\$1,909.94

In Reference To:

Initial Filing Doc ID: 2023-25522218

CORP1, INC.

CHEYENNE, WY 82009

2232 DELL RANGE BLVD, SUITE 200