FINANCING STATEMENT A. NAME & PHONE OF CONTACT AT FILER (Optional) RICHARD DVORAK 8602340432			the Wyoming Secretary of State's web site. EDWARD A. BUCHANAN, WY SECRETARY OF STATE Filing Date: 7/20/2021 12:42 PM		
B. EMAIL OF CONTACT AT FILER (Optional)		Lapse Dat	te: 7/20/2031 11:59 PM		
RICHARD@INWITHTHEOLD.ORG		Financing	Statement Doc #: 2021-19608930		
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	-	_l			
POSTD INC.		1			
161 WATER STREET					
NORWICH, CT 06360					
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L	-		OVE SPACE IS FOR FILING OFFICE USE	ONLY	
DEBTORS		IIIE AB	OVE OF AGE TO FORTHEING OF FIGE OGE	ONLI	
DEBTORS					
1. DEBTOR'S NAME					
a. ORGANIZATION'S NAME NEWPOINT FINANCIAL CORP					
b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	
c. MAILING ADDRESS 30 N GOULD ST, STE R					
CITY SHERIDAN	STATE WY	POSTAL CODE 82801	COUNTRY USA		
2. DEBTOR'S NAME					
a. ORGANIZATION'S NAME					
OR b. INDIVIDUAL'S SURNAME BEEKMEYER	FIRST PERSONAL NAME KEITH		ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	
c. MAILING ADDRESS	ı				
30 N GOULD ST, STE R	STATE	POSTAL CODE	COUNTRY		
SHERIDAN	WY	82801	USA		
3. DEBTOR'S NAME					
a. ORGANIZATION'S NAME					
OR b. INDIVIDUAL'S SURNAME	FIRST PERSOI	NAI NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	
BYE	ANDY				
c. MAILING ADDRESS	·		·	<u> </u>	
30 N GOULD ST, STE R	OTATE	DOCTAL CODE	COLINTRY		
CITY SHERIDAN	STATE WY	POSTAL CODE 82801	COUNTRY USA		
SECURED PARTIES					
1. SECURED PARTY'S NAME (or NAME of ASSIGNEE of	ASSIGNOR SECURED	D PARTY)			
a. ORGANIZATION'S NAME POSTD, INC				<u> </u>	
OR b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S) INITIAL(S)	SUFFIX	

 $\label{lem:collateral:collatera$

c. MAILING ADDRESS

NORWICH

CITY

161 WATER STREET

5,000 SERIES A CONVERTIBLE REDEEMABLE PREFEERED SHARES OF STOCK AT \$100,000.00 PER SHARE "SERIES A PREFEERED" IN NEWPOINT FINANCIAL CORP 2017-000771479

STATE CT POSTAL CODE

06360

COUNTRY

USA

Check only if applicable and check only one box: Collateral is held in a Trust			
being administered by a Decedent's Personal Representative			
Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing			
RECORD TYPE: UCC			
DESIGNATION: Debtor / Secured Party			
OPTIONAL FILER REFERENCE DATA:			

NOTE: All information on this form is public record.