Wisconsin Department of Financial Institutions - Uniform Commercial Code Filing Number: 20230608000258-6 **UCC FINANCING STATEMENT** Filing Date and Time: 06/08/2023 11:16 AM **FOLLOW INSTRUCTIONS** Total Number of Pages: 1 A. NAME & PHONE OF CONTACT AT FILER (optional) <u>Jean M. Heinz</u> (This document was filed electronically) B. E-MAIL CONTACT AT FILER (optional) jean@heinzfeinberg.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Jean M. Heinz **401 W A ST STE 1710** San Diego, CA 92101 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 Tissue Depot LLC ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 1b. INDIVIDUAL'S SURNAME POSTAL CODE COUNTRY STATE 1c. MAILING ADDRESS CITY WI 54115 USA De Pere 500 Fortune Avenue 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 SUFFIX ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME CITY STATE POSTAL CODE COUNTRY 2c. MAILING ADDRESS 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 **Hom XI LLC** FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3b. INDIVIDUAL'S SURNAME POSTAL CODE COUNTRY STATE 3c. MAILING ADDRESS Chesterfield MO 63005 USA 1 McBride and Son Ctr Dr Ste 140 4. COLLATERAL: This financing statement covers the following collateral: All \$1,000,000.00 of current existing inventory as collateral, including any after acquired or hereafter arising inventory or its proceeds, including accounts receivable re sulting from inventory sales

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: Security Agreement 4-24-23				

CC FINANCING STATEMENT		Filing 1	Number: 2023060800	00263-8
LLOW INSTRUCTIONS		_	e and Time: 06/08/2023	
NAME & PHONE OF CONTACT AT FILER (optional)		7	Total Number of Pages:	1
E-MAIL CONTACT AT FILER (optional) jean@heinzfeinberg.com		(This do	ocument was filed electr	onically)
SEND ACKNOWLEDGEMENT TO: (Name and Add	iress)			
Jean M. Heinz				
401 W A ST STE 1710				
San Diego, CA 92101 USA				
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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 Ballee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Security Agreement 4-24-23

Jean M. Heinz						
CLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional) Jean M. Helinz B. E-MAIL CONTACT AT FILER (optional) Jean M. Helinz A01 W A ST STE 1710 San Diego, CA 92101 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DESTOR'S NAME: Provide only gag Debtor name (1s or 1b) (use exact, full name: do not ont, motify, 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 (For UCCLAG) 1. DESTOR'S NAME: Provide only gag Debtor name (1s or 1b) (use exact, full name: do not ont, motify, or abbreviate any part of the Debtor's name; if any part of the United time Debtor's name and att in time 1b, leave all of item 1 blank, check here of provide the incindual Debtor information in Item 10 of the Financing Statement Addendum (For UCCLAG) 1. DESTOR'S NAME: Provide only gag Debtor name (2s or 2b) (use exact, full name; do not ontit, motify, or abbreviate any part of the Debtor's name; if any part of the Debtor's name; if any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (For UCCLAG) 1. DESTOR'S NAME: Provide only gag Debtor name (2s or 2b) (use exact, full name; do not ontit, motify, 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 (For UCCLAG) 1. DESTOR'S NAME: Provide only gag Debtor name (2s or 2b) (use exact, full name; do not ontit, motify, 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 (For UCCLAG) 2. DESTOR'S NAME: Provide only gag Debtor name (2s or 2b) (use exact, full name; do not ontit, motify, 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 (For UCCLAG) 2. DESTOR'S NAME: Provide only gag Debtor name (2s or 2b) (use on 2b) (us			Wisconsi	n Depar		ions - Uniform
Filing Date and Time: (96/09/2023 02:46 PM A NAME & PHONE OF CONTACT AT FILER (optional) Jean M. Heinz 401 WA ST STE HZER (optional) Jean M. Heinz 401 WA ST STE 1710 San Diego, CA 92101 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DESTOR'S NAME: Provide only gas. Debtor name (1s or 1b) (use exact, full name: do not only, morely, or abtraviate any part of the Debtor's name; if any part of the Individual Debtor Information in Item 10 of the Financing, Statement Addendum, (For UCC14a) 1. DESTOR'S NAME: Provide only gas. Debtor name (1s or 1b) (use exact, full name: do not only, morely, or abtraviate any part of the Debtor's name; if any part of the Undoded to Individual Debtor Information in Item 10 of the Financing, Statement Addendum, (For UCC14a) 1. DESTOR'S NAME: Provide only gas. Debtor name (1s or 2b) (use exact, full name: do not only, morely, or abtraviate any part of the Debtor's name; if any part of the Undoded Individual Debtor Information in Item 10 of the Financing, Statement Addendum, (For UCC14a) 1. DESTOR'S NAME: Surfame I in GRAMAZATION'S NAME 1. DESTOR'S NAME: Surfame I in GRAMAZATION'S NAME 2. DESTOR'S NAME: Provide only gas. Debtor name (2a or 2b) (use exact, full name; co not onal, modify, or abtraviate any part of the Debtor's name; if any part of the Undoded Debtor information in Item 10 of the Financing Statement Addendum (For UCC14a) 2. DESTOR'S NAME: Provide only gas. Debtor name (2a or 2b) (use exact, full name; co not onal, modify, or abtraviate any part of the Debtor's name; if any part of the Debtor name; if any part of the Debtor name; if any part of the Debtor name; if any part of the Undoded Debtor information in Item 10 of the Financing Statement Addendum (For UCC14a) 2. DESTOR'S NAME: Provide only gas. Debtor name (2a or 2b) (use exact, full name; co not onal, modify, or abbraviate any part of the Debtor name; if any part of the Debto	LICC FINANCING STATEMENT			Filing l	Number: 202306090004	413-0
Dear M. Heiritz Total Number of Pages: 1 Dear M. Heiritz Total Number of Pages: 1 Dear M. Heiritz This document was filed electronically)			Fil	ling Date	e and Time: 06/09/2023 02	2:46 PM
B. E-MAIL CONTACT AT FILER (optional) [can@heinzeinberg.com] Jean M. Heinz 401 W A ST STE 1710 San Diego, CA 92101 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only gag Debtor name (1a or 1b) (use exact, full name; do not cmit, 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 Addrecum (Fon UCC1Ad) 1g. ORANIZATIONS NAME TISSUE DEPOT LLC 1g. Individual SURPAME IS AND PROVIDUAL SURPAME IS AND PROVIDUAL SURPAME Debtor name will not fit in ite 2b, leave all of item 2 blank, check here and provide the inclinidual Debtor information in item 10 of the Financing Statement Addrecum (Fon UCC1Ad) 1g. ORANIZATIONS NAME TISSUE DEPOT LLC 1g. Individual Debtor information in item 10 of the Financing Statement Addrecum (Fon UCC1Ad) 1g. ORANIZATIONS NAME PREST PERSONAL NAME ADDITIONAL NAME(synNITIAL(S)) SUPFIX. 2g. DEBTOR'S NAME: Provide only gag Debtor name (Ze or Zb) (isse exact, full name; do not omit, 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 Addrecum (Fon UCC1Ad) 2g. DEBTOR'S NAME: Provide only gag Debtor name (Ze or Zb) (isse exact, full name; do not omit, 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 Addrecum (Fon UCC1Ad) 2g. NONDIDUAL SURNAME PREST PERSONAL NAME ADDITIONAL NAME(synNITIAL(S)) SUFFIX 2g. MALINA ADDRESS OITY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY MOB ridge and Son Ctr Dr Ste 140 2g. NONDIDUAL SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(synNITIAL(S)) SUFFIX CONSADIATIONS NAME Horn Paper XI LLC 2g. NONDIDUAL SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(synNITIAL(S)) SUFFIX SURNAME ADDITIONAL NAME(synNITIAL(S) SUFFIX SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(synNITIAL(S) SURFIX Consadiation of the De	A. NAME & PHONE OF CONTACT AT FILER (optional)			Т	otal Number of Pages: 1	
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TISSUE DEPORT LLC RESIDENTIAL SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FORTAL CODE STATE POSTAL CODE USA COUNTRY USA 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 (For UCC1Ad) 2b. INDIVIDUAL'S SURNAME REST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX SUFFIX TATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY SCEURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gag Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME HOM Paper XI LLC REST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX SA MALING ADDRESS TIME POSTAL CODE COUNTRY Chesterfield TIME STATE POSTAL CODE COUNTRY Chesterfield MO 63005 USA COLLATERAL: This financing statement overs the following collateral: STREED FOR A MALING ADDRESS MCBride and Son Ctr Dr Ste 140 Chesterfield TIME STATE POSTAL CODE COUNTRY Chesterfield		ck here I and provide the In-	dividual Debtor Information	in item 1	or the Financing Statement	: Addendum (Forn
Tic. MAILING ADDRESS Tic. Mailing Administered by a Decedent's Personal Representative Tic. Mailing						
De Pere Wil 54115 USA DeBTOR'S NAME: Provide only gng 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 UCCTAd) Za. ORGANIZATION'S NAME Db. INDIVIDUAL'S SURNAME Db. INDIVIDUAL'S SURNAME Db. INDIVIDUAL'S SURNAME SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gng. Secured Party name (3a or 3b) Sa. ORGANIZATION'S NAME HOM Paper XI LLC Dr. STATE Do. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SECURED PARTY'S NAME HOM Paper XI LLC Dr. STATE Do. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX SCHARLING ADDRESS CITY Chesterfield Dr. STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY The Individual Debtor information in item 10 of the Financing Statement Addendum (Form United Statement Code only gng. Secured Party name (3a or 3b) Sa. MALING ADDRESS CITY Chesterfield Dr. STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY STATE POSTAL CODE COUNTRY USA 4. COLLATERAL: This financing statement covers the following collateral: Shredder - Agri Metal, Model 5500 H 12, Serial # 20665 Sludge Press (Kompress Belt Filter Press) K-S Equipment (Komiline-Sanderson), Model G-RS-E-2 Machine No. UN-707, Job No. S-3326 Vacuum Pump: Lamcor, Serial number 904-P2, Shop Number, LSO-552 5. Check gnly if applicable and check gnly one box: 6b. Check gnly if applicable and check gnly one box:	OB	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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 (For UCC1Ad) 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 3a. ORGANIZATION'S NAME Hom Paper XI LLC OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 3c. MAILING ADDRESS 1 MCBride and Son Ctr Dr Ste 140 Chesterfield MO 63005 CUNTRY STATE POSTAL CODE COUNTRY USA COLLATERAL: This financing statement covers the following collateral: Shredder - Agri Metal, Model 5500 H 12, Serial # 20665 Sludge Press (Kompress Belt Filter Press) K-S Equipment (Komline-Sanderson), Model G-RS-E-2 Machine No. UN-707, Job No. S-3326 Vacuum Pump: Lamcor, Serial number 904-P2, Shop Number, LSO-552 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 6b. Check only if applicable and check only one box:						
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 Hom Paper XI LLC CR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX CITY Chesterfield COUNTRY 4. COLLATERAL: This financing statement covers the following collateral: Shredder - Agri Metal, Model 5500 H 12, Serial # 20665 Sludge Press (Kompress Belt Filter Press) K-S Equipment (Komline-Sanderson), Model G-RS-E-2 Machine No. UNI-707, Job No. S-3326 Vacuum Pump: Lamcor, Serial number 904-P2, Shop Number, LSO-552 5. Check only if applicable and check only one box: Collateral is Theld in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6b. Check only if applicable and check only one box:	UCC1Ad) 2a. ORGANIZATION'S NAME					
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3s or 3b) Sa. ORGANIZATION'S NAME Hom Paper XI LLC	25. INDIVIDUAL O CONTRAINE	, MOTI ENGOTAL I	, 1171			
3a. ORGANIZATION'S NAME HOM Paper XI LLC 3b. INDIVIDUAL'S SURNAME TRIST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY USA 4. COLLATERAL: This financing statement covers the following collateral: Shredder - Agri Metal, Model 5500 H 12, Serial # 20665 Sludge Press (Kompress Belt Filter Press) K-S Equipment (Komline-Sanderson), Model G-RS-E-2 Machine No. UN-707, Job No. S-3326 Vacuum Pump: Lamcor, Serial number 904-P2, Shop Number, LSO-552 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: 6b. Check only if applicable and check only one box:	2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS 1 McBride and Son Ctr Dr Ste 140 Chesterfield MO 63005 COUNTRY USA 4. COLLATERAL: This financing statement covers the following collateral: Shredder - Agri Metal, Model 5500 H 12, Serial # 20665 Sludge Press (Kompress Belt Filter Press) K-S Equipment (Komline-Sanderson), Model G-RS-E-2 Machine No. UN-707, Job No. S-3326 Vacuum Pump: Lamcor, Serial number 904-P2, Shop Number, LSO-552 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: 6b. Check only if applicable and check only one box:						
1 McBride and Son Ctr Dr Ste 140 4. COLLATERAL: This financing statement covers the following collateral: Shredder - Agri Metal, Model 5500 H 12, Serial # 20665 Sludge Press (Kompress Belt Filter Press) K-S Equipment (Komline-Sanderson), Model G-RS-E-2 Machine No. UN-707, Job No. S-3326 Vacuum Pump: Lamcor, Serial number 904-P2, Shop Number, LSO-552 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: 6b. Check only if applicable and check only one box:	OB .	FIRST PERSONAL N	AME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
Shredder - Agri Metal, Model 5500 H 12, Serial # 20665 Sludge Press (Kompress Belt Filter Press) K-S Equipment (Komline-Sanderson), Model G-RS-E-2 Machine No. UN-707, Job No. S-3326 Vacuum Pump: Lamcor, Serial number 904-P2, Shop Number, LSO-552 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: 6b. Check only if applicable and check only one box:	3c. MAILING ADDRESS 1 McBride and Son Ctr Dr Ste 140					
6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box:	Shredder - Agri Metal, Model 5500 H 12, Serial # 20665 Sluc o. UN-707, Job No. S-3326 Vacuum Pump: Lamcor, Serial n	dge Press (Kompress Belt Filt number 904-P2, Shop Numbe	r, LSO-552			
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor	Public-Finance Transaction Manufactured-Home Tran		ansmitting Utility		ural Lien Non-UCC Fili	ing

8. OPTIONAL FILER REFERENCE DATA:

Wisconsin Department of Financial Institutions - Uniform Commercial Code

Filing Number 20220600000430-7

UC	C FINANCING STATEMENT AMENDMENT		r	iling Numbe	er: 20230609000430)- /
FOLLOW INSTRUCTIONS		Filing Date and Time: 06/09/2023 03:00 PM				
A.	NAME & PHONE OF CONTACT AT FILER (optional)			Total N	umber of Pages: 1	
L	Jean M. Heinz		(7	This documen	t was filed electronical	lly)
В.	E-MAIL CONTACT AT FILER (optional)					
L	jean@heinzfeinberg.com					
C.	SEND ACKNOWLEDGEMENT TO: (Name and Address)					
	Jean M. Heinz					
	401 W A ST STE 1710					
L.	San Diego, CA 92101 USA				ILING OFFICE USE ONL	Y
	NITIAL FINANCING STATEMENT FILE NUMBER	1	ANCING STATEMENT AMEND ded) in the REAL ESTATE REC		filed [for record]	
	.025000000250-0		ach Amendment Addendum (Fo		nd provide Debtor's name	in item 13
2.	TERMINATION: Effectiveness of the Financing Statement identified above Statement	e is terminated w	vith respect to the security int	erest(s) of Sec	ured Party authorizing th	is Termination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and 5 and also indicate affected collaboration of the partial assignment, complete items 7 and 9 and also indicate affected collaboration.		ssignee in item 7c <u>and</u> name o	f Assignor in ite	m 9	
4.	CONTINUATION: Effectiveness of the Financing Statement identified abortinued for the additional period provided by applicable law	ve with respect to	the security interest(s) of Se	cured Party au	thorizing this Continuation	n Statement is
5.	PARTY INFORMATION CHANGE:					
C	Check one of these two boxes: AND Check one of these two boxes: CHANGE name			Complete item	☐ DELETE name: Give i	record name
		nd item 7a or 7b <u>a</u>	•		to be deleted in item	
	URRENT RECORD INFORMATION: Complete for Party Information Change	ge - provide only g	one name (6a or 6b)			
	6a. ORGANIZATION'S NAME Hom XI LLC					
OK	èb. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL N	AME(S)/INIT!AL(S)	SUFFIX
	CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informance)	nation Change - provid	de only <u>one</u> name (7a or 7b) (use exact	I, full name; do not o	omit, modify, or abbreviate any ρ	part of the Debtor's
	7a. ORGANIZATION'S NAME Hom Paper XI LLC					
	OR 75. INDIVIDUAL'S SURNAME		***			
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)					SUFFIX
	MAILING ADDRESS McBride and Son Ctr Dr Ste 140	Cheste	erfield	STATE	POSTAL CODE 63005	COUNTRY
8.	☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ AD Indicate collateral:	DD collateral	□ DELETE collateral □	RESTATE cove	ered collateral	SIGN collatera
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM) (name of Assi	ignor, if this is an Assignm	nent)
ŀ	this is an Amendment authorized by a DEBTOR, check here and provide na 9a. ORGANIZATION'S NAME	ame of authorizing	Debtor			
OR				T		
		FIRST PERSONAL Jean	. NAME	M.	IAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:

Wisconsin Department of Financial Institutions - Uniform Commercial Code Filing Number: 20230610000011-2 **UCC FINANCING STATEMENT** Filing Date and Time: 06/10/2023 02:53 PM FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Jean M. Heinz Total Number of Pages: 1 B. E-MAIL CONTACT AT FILER (optional) (This document was filed electronically) <u>jean@heinzfeinberg.com</u> C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Jean M. Heinz 401 W A ST STE 1710 San Diego, CA 92101 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 Tissue Depot Inc. 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS POSTAL CODE COUNTRY CITY De Pere 54115 USA 500 Fortune Avenue 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 POSTAL CODE 2c. MAILING ADDRESS CITY STATE 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 Hom Paper XI LLC 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS POSTAL CODE COUNTRY 1 McBride and Son Ctr Dr Ste 140 Chesterfield MO 63005 USA 4. COLLATERAL: This financing statement covers the following collateral: All \$1,000,000 of current existing inventory as collateral, including any after-acquired or hereafter arising inventory or its proceeds, including accounts receivable result ing from inventory sales.

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 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:

Wisconsin Department of Financial Institutions - Uniform Commercial Code Filing Number: 20230610000013-0 **UCC FINANCING STATEMENT** Filing Date and Time: 06/10/2023 03:00 PM **FOLLOW INSTRUCTIONS** Total Number of Pages: 1 A. NAME & PHONE OF CONTACT AT FILER (optional) Jean M. Heinz B. E-MAIL CONTACT AT FILER (optional) (This document was filed electronically) jean@heinzfeinberg.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Jean M. Heinz 401 W A ST STE 1710 San Diego, CA 92101 USA THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 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 Tissue Depot, Inc. OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS POSTAL CODE COUNTRY CITY STATE 500 Fortune Avenue De Pere 54115 **USA** 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 STATE POSTAL CODE CITY 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 Hom Paper XI LLC OR 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 1 McBride and Son Ctr Dr Ste 140 Chesterfield MO 63005 USA 4. COLLATERAL: This financing statement covers the following collateral: Vacuum Pump: Lamcor, Serial #904-P2, Shop # L50-552 Shredder: Agri Metal, Model 550 H12, Serial # 20665 Sludge press (Kompress Belt Filter Press): K-S Equip ment, ((Komline-Sanderson) Model G-RS-E-2, ; Job S-3326; Machine No. UN-707

5. Check only if applicable and check only one box: Collateral is Theld in a Trust (see UCC1Ad, item 17 and Instr	ructions) Deing administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitti	ing Utility 6b. Check <u>only</u> if applicable and check <u>only</u> one box:
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor	☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	