



SPENCER J. COX
Governor

DEIDRE M. HENDERSON
Lieutenant Governor

UTAH DEPARTMENT OF COMMERCE

Division of Corporations and Commercial Code

MARGARET W. BUSSE
Executive Director

G. SCOTT WHITTAKER
Division Director

June 02, 2026



UCC-11 Information Request

Your Request for Information has been processed by the Utah Division of Corporations and Commercial Code matching filing(s) in the Division's computerized database with the following search parameter(s) and the "Exact" filter:

Search Number : 2606021254563-0

Debtor Name: BAM FRANCHISING, INC.

Debtor Type: Organization

Date Range: All Available Filings

Search Response: All (Lapsed and Unlapsed)

Copies: All (Lapsed and Unlapsed)

City:

The Utah Division of Corporations and Commercial Code hereby certifies that the attached information is filed and of Record in the Offices of the Division as of 05/31/2026 at 18:00 MST.

Sincerely,
FILING OFFICER



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Liens Filing Search Report

The Utah Division of Corporations and Commercial Code hereby certifies that the attached list is a true and exact list of all financing statements or CFS liens and related subsequent documentation for the debtor below as filed with the Division of Corporations and Commercial Code office, Uniform Commercial Code Division, as of the Through Date below.

Date Searched: 6/2/2026 1:05:31 PM Search Criteria:
Searched by: [REDACTED]
Filing Chains: 1

Good Through Filing Date: 05/31/2026

Cities:

Date Range: All Available Filings

Include Filings Outside Range?: All Available Filings

June 02, 2026

Filing Status: ALL(Lapsed and Unlapsed)

Include Records: N/A

Organization Name: BAM FRANCHISING,
INC.

Filing Chain#: 1
Original File#: 2023970648-7

Lapse Date: 06/26/2028
Lien Type: UCC Lien

Filing #: 2023970648-7 Filing Date: 06/26/2023 Filing Type: Initial Financing Page Count: 1
Statement UCC-1

Debtors

Name	Type	Action Type	Address
BAM FRANCHISING, INC.	Organization	N/A	225 W 520 N OREM, UT 84057, USA

Secured Parties

Name	Type	Action Type	Address
JPMORGAN CHASE BANK, NA	Organization	N/A	P.O. BOX 6026, IL1-1145 CHICAGO, IL 60680, USA

Collateral

All Inventory, Chattel Paper, Accounts, Equipment and General Intangibles; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds)

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Wolters Kluwer Lien Solutions 800-331-3282
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 USA

Filed in the Office of <i>J. Veillette</i> Director, Division of Corporations and Commercial Code	Initial Filing Number 2023970648-7
	Filed On 6/26/2023 8:28:38 PM
	Lapse Date 6/26/2028
	Number of Pages 1

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 BAM FRANCHISING, INC.				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 225 W 520 N		CITY OREM	STATE UT	POSTAL CODE 84057
			COUNTRY 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		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 JPMorgan Chase Bank, NA				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. Box 6026, IL1-1145		CITY Chicago	STATE IL	POSTAL CODE 606806026
			COUNTRY USA	

4. COLLATERAL: This financing statement covers the following collateral:

All Inventory, Chattel Paper, Accounts, Equipment and General Intangibles; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds)

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:

93710231

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)