FILED: JUN 14, 2024 12:13 PM OREGON SECRETARY OF STATE



C FINANCING STATEMENT					
LOW INSTRUCTIONS					
IAME & PHONE OF CONTACT AT SUBMITTER (optional) ne: Wolters Kluwer Lien Solutions Phone: 800-331-3282	Fax: 818-662-4141				
-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com					
END ACKNOWLEDGMENT TO: (Name and Address) 10288	- Toyota Industries				
Lien Solutions 90 P.O. Box 29071	9284274				
	ROR				
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INF	ORMATION	THE ABOVE SE	ACE IS F	OR FILING OFFICE U	SE ONLY
ne will not fit in line 1b, leave all of item 1 blank, check here and p	act, full name; do not omit, mo rovide the Individual Debtor in	dify, or abbreviate any part formation in item 10 of the I	of the Debto inancing St	r's name); if any part of the atement Addendum (Form	Individual Debtor's UCC1Ad)
	-				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
AILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
28 SW Tualatin Rd	Tualatin		OR	97062-8499	USA
	rovide the Individual Debtor in	formation in item 10 of the f	inancing St	atement Addendum (Form I	UCC1Ad)
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	L NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
AILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
CLIRED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR	SECUPED BARTY: Bravida	anhy and Secured Barby as		<u>L</u>	
3a. ORGANIZATION'S NAME		only <u>one</u> Secured Party ha	ine (Sa Or S		
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S)	
AILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
D. Box 9050	Dallas		TX	75019-9050	USA
(1) TOYOTA FORKLIFT DEL # 50-8FGU25 IAL # 25041 ACHMENTS B PROPANE TANK					
	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com SEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INF EBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exame will not fit in line 1b, leave all of item 1 blank, check here and puta. ORGANIZATION'S NAME FULCRUM TECHNOLOGIES, INC. 1b. INDIVIDUAL'S SURNAME AILING ADDRESS 28 SW Tualatin Rd 29 SW Tualatin Rd 20 ORGANIZATION'S NAME 20 INDIVIDUAL'S SURNAME AILING ADDRESS 20 INDIVIDUAL'S SURNAME COURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR ASSIGNEE) COURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR A	LOW INSTRUCTIONS IAME & PHONE OF CONTACT AT SUBMITTER (optional) me: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 I-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com IEND ACKNOWLEDGMENT TO: (Name and Address) IO288 - Toyota Industries Jen Solutions P.O. Box 29071 Glendale, CA 91209-9071 Glendale, CA 91209-9071 File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORMATION BETOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, mo me will not fit in the 1b, leave all of item 1 blank, check here and provide the Individual Debtor in ta. ORGANIZATION'S NAME FULCRUM TECHNOLOGIES, INC. ID INDIVIDUAL'S SURNAME BETOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, mo me will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor in ta. ORGANIZATION'S NAME BETOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, mo me will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor in ta. ORGANIZATION'S NAME CITY Tualatin EDIOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, mo me will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor in ta. ORGANIZATION'S NAME FIRST PERSONAL NA AILING ADDRESS CITY CURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide 3a. ORGANIZATION'S NAME TOYOTA INDUSTRIES COMMERCIAL FINANCE, INC. 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NA AILING ADDRESS D. Box 9050 LILLATERAL: This financing statement covers the following collateral: (1) TOYOTA FORKLIFT DEL # 50-8FGU25 ACHMENTS B PROPANE TANK	LOW INSTRUCTIONS IAME & PHONE OF CONTACT AT SUBMITTER (optional) me: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com EEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 THE ABOVE SE THE	LOW INSTRUCTIONS IAME & PHONE OF CONTACT AT SUBMITTER (optional) IMME & PHONE OF CONTACT AT SUBMITTER (optional) IMME & PHONE OF CONTACT AT SUBMITTER (optional) IMME (CONTACT AT SUBMITTER (optional) IMME (CONTACT AT SUBMITTER (optional) IMME (IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME (IMME) IMME	LOW INSTRUCTIONS IAME & PHONE OF CONTACT AT SUBMITTER (optional) IMAL CONTACT AT SUBMITTER (optional) INCMALL SUBMITTER (optional) INCMAL SUBMITTER (optional) INCMALL SUBMITTER (optional) INCMALL SU

UCC

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:							
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transn	nitting Utility	Agricultural Lien	Non-UCC Filing				
7. ALTERNATIVE DESIGNATION (if a	pplicable): Lessee/Lessor [Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor				
8. OPTIONAL FILER REFERENCE DA	ATA:								
99284274	Retail		Retail						
									