



UCC

LIEN NO. 93898283

CHRIS CROSSLEY TRUCK

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 2857 71079 CSC 1127 Broadway St. NE, Suite 310 Salem, OR 97301 </div> <div style="margin-left: 20px;"> Filed In: Oregon (S.O.S.) </div>

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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 Chris Crossley Trucking Adventures, LLC			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
PO Box 392	Banks	OR	97106 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 CORPORATION SERVICE COMPANY, AS REPRESENTATIVE			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
PO BOX 2576 UCCSPREP@cscinfo.com	Springfield	IL	62708 USA

4. COLLATERAL: This financing statement covers the following collateral:
Equipment per attached invoice. Invoice #52820

The equipment financed under Contract [1205155] listed above, whether now owned or hereafter acquired, together with all personal property installed in, affixed to or used in connection therewith and all present or future: (i) additions, accessories, accessions, attachments, parts, supplies, related software, intellectual property, rights, licenses and improvements thereto; (ii) substitutions, renewals, replacements and purchase options thereof; (iii) insurance, warranty, and other third-party claims; (iv) Debtor's rights in connection with a third-party's use of such equipment under a sublease, rental or similar agreement; (v) proceeds and product in any form (including but not limited to insurance and sale proceeds) of each of the foregoing, whether it be cash, non-cash or in any other form; and (vi) to the extent the equipment identified herein is construed as or deemed inventory, that inventory and all accounts, accounts receivable, cash proceeds and all other proceeds related thereto or derived therefrom.

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: 2857 71079



P.O BOX 490
TROUTDALE, OR 97060

www.TNTSalesOregon.com

Trailer Sales Invoice

Date	INVOICE #
6/6/2024	52820

Phone # 503-251-1242

Name / Address
CHRIS CROSSLEY TRUCKING ADVENTURES, LLC 2345 Quince St. Forest Grove, OR 97116-2103

Contact / #
Customer E-mail
CCTAFREIGHT@GMAIL.COM

P.O. No.	Rep	Purchase Order
	CT-	

Description	Qty	U/M	Total
2009 HYUNDAI 53' REEFER REF UNIT # RT-600 S/N-3H3V532C89T118011 2016 CARRIER X4 7300 REEFER SERIAL # SAA91477949--HOURS 4406	1		9,900.00T
2009 HYUNDAI 53' REEFER REF UNIT # RT-601 S/N-3H3V532C19T118013 2016 CARRIER X4 7300 REEFER SERIAL # SAA91477945--HOURS-4641	1		9,900.00T
2009 HYUNDAI 53' REEFER REF UNIT # RT-604 S/N-3H3V532CX9T118026 2016 CARRIER X4 7300 REEFER SERIAL # SAA91477950--HOURS--2764	1		9,900.00T
2009 HYUNDAI 53' REEFER REF UNIT # RT-605 S/N-3H3V532C19T118030 2016 CARRIER X4 7300 REEFER SERIAL # SAA91477965--HOURS--6573	1		9,900.00T
2009 HYUNDAI 53' REEFER REF UNIT # RT-602 S/N-3H3V532C29T118019 2016 CARRIER X4 7300 REEFER SERIAL # SAA91477963---HOURS-3839	1		9,900.00T
2009 HYUNDAI 53' REEFER REF UNIT # RT-598 S/N-3H3V532C49T118006 2016 CARRIER X4 7300 REEFER SERIAL # SAA91477937--HOURS-4677	1		9,900.00T

REMIT TO: TNT Sales of Oregon
P.O. Box 490
1826 NW Commerce Ct.
Troutdale, OR 97060

Total



www.TNTSalesOregon.com

Trailer Sales Invoice

P.O BOX 490
TROUTDALE, OR 97060

Date	INVOICE #
6/6/2024	52820

Phone # 503-251-1242

Name / Address
CHRIS CROSSLEY TRUCKING ADVENTURES, LLC 2345 Quince St. Forest Grove, OR 97116-2103

Contact / #
Customer E-mail
CCTAFREIGHT@GMAIL.COM

P.O. No.	Rep	Purchase Order
	CT-	

Description	Qty	U/M	Total
2009 HYUNDAI 53' REEFER REF UNIT # RT-599 S/N-3H3V532C89T118008 2016 CARRIER X4 7300 REEFER SERIAL # SAA91477944--HOURS 5278			9,900.00T
2009 HYUNDAI 53' REEFER REF UNIT # RT-603 S/N-3H3V532C29T118022 2016 CARRIER X4 7300 REEFER SERIAL # SAA91477953---HOURS--4650 Oregon (CAT) Tax			9,900.00T 451.44

REMIT TO: TNT Sales of Oregon
P.O. Box 490
1826 NW Commerce Ct.
Troutdale, OR 97060

Total

\$79,651.44
