FILED: JUN 21, 2024 01:39 PM OREGON SECRETARY OF STATE



UCC

MOEHNKE, AUSTIN

	LLOW INSTRUCTIONS.				,		•
	NAME & PHONE OF CONTACT AT SUBMITTER (optional time: Wolters Kluwer Lien Solutions Phone: 800-331		318-662-4141				
В.	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com		· · · · · · · · · · · · · · · · · · ·				
C.	C. SEND ACKNOWLEDGMENT TO: (Name and Address) 12834 - SNAP ON						
	Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	328					
	File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTAC	T INFORMA	TION	THE ABOVE S	SPACE IS FO	R FILING OFFICE U	SE ONLY
	EBTOR'S NAME: Provide only one Debtor name (1a or 1b) (ame will not fit in line 1b, leave all of item 1 blank, check here   1a. ORGANIZATION'S NAME						
OR	D. INDIVIDUAL'S SURNAME MOEHNKE		FIRST PERSONAL NAME AUSTIN		ADDITION	ADDITIONAL NAME(S)/INITIAL(S)	
1c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
18	725 S LOWER HIGHLAND RD		BEAVERCREEK		OR	97004-9704	USA
	EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (came will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME		name; do not omit, modify, one Individual Debtor informa				
OR	b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITION	ADDITIONAL NAME(S)/INITIAL(S)	
2c.	MAILING ADDRESS		СІТУ		STATE	POSTAL CODE	COUNTRY
3. S	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 Snap-on Credit LLC						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
95	50 TECHNOLOGY WAY, SUITE 301		LIBERTYVILLE		IL	60048-5339	USA
Pur fran inte nov ma tog	OLLATERAL: This financing statement covers the following colli- chase Money Security Interest in all tools and equip nichisee or other sales representative, or from Snap- crest granted in the collateral listed on the reference of vowned and acquired from or hereafter acquired fro nufactured or distributed by Snap-on Tools Compan ether with all proceeds (including insurance proceed ons (all the foregoing "Collateral").	ment purcha on Tools Co d contract, th m a Snap-or y LLC and a	mpany LLC or from a ne collateral shall also n franchisee or other ny of its affiliates; or t	ny affiliate there include: all iten sales represent ools and equipr	of. In additions of tools are ative; and an and and and and and and and and	n to the purchase m nd equipment of Deb y and all goods and the Snap-on Trade	oney security otor, whether equipment marks or logos;
		held in a Trust	(see UCC1Ad, item 17 and		<del></del>	ed by a Decedent's Pers	
6a.	Check <u>only</u> if applicable and check <u>only</u> one box:				Check only if applicable and check only one box:		
_	Public-Finance Transaction Manufactured-Home T		A Debtor is a Transm		Agricult		CC Filing
_	LTERNATIVE DESIGNATION (if applicable): Lessee/Lesso	or C	consignee/Consignor	Seller/Buyer	☐ Baile	ee/Baitor Lic	ensee/Licensor

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