		FILED: JUN 21, 2024 01:46 PM OREGON SECRETARY OF STATE					
	UCC	LIEN NO. 93	902533	GAINES, TRAE	·		
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	~				/		
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fa	ax: 818-662-4141						
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 12834 - S	NAP ON						
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 ORC	01623						
File with: Secretary of State, OR		·					
SEE BELOW FOR SECURED PARTY CONTACT INFOR		· · · · · · · · · · · · · · · · · · ·		OR FILING OFFICE US			
 DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here and provide the second seco							
1a. ORGANIZATION'S NAME							
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N				SUFFIX		
GAINES	TRAE	NAME ADDITIONAL NAME(S)/INITIAL			301112		
1c. MAILING ADDRESS	CITY	STA		POSTAL CODE	COUNTRY		
595 S WASSON ST	COOS BAY		OR	97420-4525	USA		
OR 2b. INDIVIDUAL'S SURNAME	ide the Individual Debtor	nformation in item 10 of the	-	tement Addendum (Form L ,	JCC1Ad)		
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SI	ECURED PARTY): Provid	le only one Secured Party r	name (3a or 3t))			
3a. ORGANIZATION'S NAME Snap-on Credit LLC							
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NAME ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
				• · · · · · · · · · · · · · · · · · · ·			
3c. MAILING ADDRESS		-	STATE	POSTAL CODE 60048-5339			
<u>950 TECHNOLOGY WAY, SUITE 301</u> 4. COLLATERAL: This financing statement covers the following collateral: Purchase Money Security Interest in all tools and equipment pu franchisee or other sales representative, or from Snap-on Tools interest granted in the collateral listed on the referenced contrac now owned and acquired from or hereafter acquired from a Sna manufactured or distributed by Snap-on Tools Company LLC a together with all proceeds (including insurance proceeds or clai items (all the foregoing "Collateral").	rchased under any company LLC or fr ct, the collateral sha up-on franchisee or o nd any of its affiliate	credit sale, installment om any affiliate thered Il also include: all item other sales representa s; or tools and equipm	of. In additions of tools a tive; and an intervelopment of the second se	nilar contact from a S on to the purchase mo nd equipment of Deb ny and all goods and g the Snap-on Traden	Snap-on oney security tor, whether equipment narks or logos;		
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral isheld in a T	rust (see UCC1Ad, item	17 and Instructions) be	ing administe	red by a Decedent's Perso	onal Representative		
6a. Check only if applicable and check only one box:				if applicable and check or			

Public-Finance Transaction Manufactured-Hon	ne Transaction 🔄 A Debtor is a	Fransmitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	essor Consignee/Consigno	Seller/Buyer	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:				
99401623 DSSPH	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · ·	123196438*3	

FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282