FILED: JUN 21, 2024 01:55 PM OREGON SECRETARY OF STATE



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SEKORA, ANDREW

-	CC FINANCING STATEMENT LLOW INSTRUCTIONS			•	•		٠
A.	NAME & PHONE OF CONTACT AT SUBMITTER (optional)	3282 Fax: 8	318-662-4141				
1	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com						
c.	C. SEND ACKNOW! EDCMENT TO: (Name and Address)						
Ι΄,	12834 - SNAP ON						
H	Lien Solutions 99418714						
	P.O. Box 29071						
ı	Glendale, CA 91209-9071						
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFI							
느							
	EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (u ame will not fit in line 1b, leave all of item 1 blank, check here						
	1a. ORGANIZATION'S NAME			10 0 u		tement Addendam (Fermi	
						٠	
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITION	ADDITIONAL NAME(S)/INITIAL(S)	
	SEKORA		ANDREW			!	
1c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
_12	84 N 19TH ST, SPC 35		PHILOMATH	,	OR	97370-9071	USA
2. D	EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (u	se exact, full n	ame; do not omit, modify, o	r abbreviate any pa	rt of the Debtor	s name); if any part of the l	ndividual Debtor's
na		and provide th	e Individual Debtor informa	tion in item 10 of the	e Financing Sta	tement Addendum (Form U	ICC1Ad)
•	2a. ORGANIZATION'S NAME						
OR	ON INDIVIDUAL IS OF IDAMAS	L SUDOT DESCRIPTION					
	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITION	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
20	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
20.	MAILING ADDRESS				SIAIE	POSTAL CODE	COONTRI
3 6	ECUPED DARTY'S NAME (or NAME of ASSIGNEE of ASSI	SNOB SECUE	RED PARTY): Provide only	one Secured Party	name /3a or 3h	<u> </u>	<u>.</u>
J. U	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 Snap-on Credit LLC						
OR	INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITION	ADDITIONAL NAME(S)/INITIAL(S)	
3c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
_95	50 TECHNOLOGY WAY, SUITE 301		LIBERTYVILLE		IL	60048-5339	USA
4. COLLATERAL: This financing statement covers the following collateral: Purchase Money Security Interest in all tools and equipment purchased under any credit sale, installment sale, or similar contact from a Snap-on franchisee or other sales representative, or from Snap-on Tools Company LLC or from any affiliate thereof. In addition to the purchase money security interest granted in the collateral listed on the referenced contract, the collateral shall also include: all items of tools and equipment of Debtor, whether now owned and acquired from or hereafter acquired from a Snap-on franchisee or other sales representative; and any and all goods and equipment manufactured or distributed by Snap-on Tools Company LLC and any of its affiliates; or tools and equipment bearing the Snap-on Trademarks or logos; together with all proceeds (including insurance proceeds or claims), accessions, attachments, additions, substitutions, and replacements to and of such items (all the foregoing "Collateral").							
_							
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 Transmitting Utility				itting Utility		ural Lien Non-UC	
_	LTERNATIVE DESIGNATION (if applicable): Lessee/Lesson	c	onsignee/Consignor	Seller/Buyer	Bail	ee/Bailor Licer	nsee/Licensor
8. C	PTIONAL FILER REFERENCE DATA:						

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