



LIEN NO. 93902646 TRUONG, TUAN

UCC FINANCING STATEMENT

UCC

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT SUBMITTER (optional)  
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 12834 - SNAP ON

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	99424123  OROR
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File with: Secretary of State, OR  
**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						
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
	TRUONG		TUAN			
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
3646 SUMMERS LN UNIT 12			KLAMATH FALLS	OR	97603-7455	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						
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
950 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 contract 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:

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/Licensors

8. OPTIONAL FILER REFERENCE DATA:

99424123 DSSPH 124440207\*8