

FILED: JUN 24, 2024 02:35 PM
OREGON SECRETARY OF STATE

UCC

LIEN NO. 93904300

CLASSIQUE MARBLE & G

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)

Yesenia Flores-Arreola 503-363-3136

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Pioneer Trust Bank, N.A.
109 Commercial St. NE
Salem, OR 97301

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)

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|--|--|-------------------------------------|-------------------------------|--------|
| 1a. ORGANIZATION'S NAME Classique Marble & Granite, Inc. | | | | |
| OR 1b. INDIVIDUAL'S SURNAME | | | | |
| 1c. MAILING ADDRESS 1291 Madison St NE | | FIRST PERSONAL NAME Salem | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| STATE OR | | POSTAL CODE 97301 | COUNTRY 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 | | | | |
| 2c. MAILING ADDRESS 109 Commercial St NE, PO Box 2305 | | FIRST PERSONAL NAME Salem | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| STATE OR | | POSTAL CODE 97308 | COUNTRY USA | |

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 Pioneer Trust Bank, N.A. | | | | |
| OR 3b. INDIVIDUAL'S SURNAME | | | | |
| 3c. MAILING ADDRESS 109 Commercial St NE, PO Box 2305 | | FIRST PERSONAL NAME Salem | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| STATE OR | | POSTAL CODE 97308 | COUNTRY USA | |

4. COLLATERAL: This financing statement covers the following collateral:

All Inventory, Chattel Paper, Accounts, Equipment, Furniture, Fixtures and General Intangibles; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

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

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: