FILED: JUN 24, 2024 02:40 PM OREGON SECRETARY OF STATE



UCC

**FURNESS, JASON** 

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS	·	-· · • • ·			
A. NAME & PHONE OF CONTACT AT SUBMITTER (option	onal)	<b>–</b>			
Name: Wolters Kluwer Lien Solutions Phone: 800-3	331-3282 Fax: 818-662-414	1			
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	12834 - SNAP ON				
Lien Solutions	99433856				
P.O. Box 29071	,				
Glendale, CA 91209-9071	OROR				
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONT	FACT INFORMATION	THE ABOVE S	SPACE IS FO	OR FILING OFFICE U	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or	lb) (use exact, full name; do not or	nit, modify, or abbreviate any pa	rt 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  1a. ORGANIZATION'S NAME	and provide the Individual De	btor information in item 10 of the	e Financing Sta	tement Addendum (Form t	UCC1Ad)
18. ONGANIZATION S NAME		•			
OR 1b. INDIVIDUAL'S SURNAME	· · · · · · · · · · · · · · · · · · ·	IRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
FURNESS	JASON				
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
43750 WAGON WHEEL PL	PENDLET		OR	97801-9661	USA
<ol> <li>DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2 name will not fit in line 2b, leave all of item 2 blank, check here</li> </ol>	_	nit, modity, or appreviate any pa btor information in item 10 of the			
2a. ORGANIZATION'S NAME	<del>-</del>				•
OR COLUMNIA OF SUBMANE		·			
2b. INDIVIDUAL'S SURNAME	FIRST PERSOI	FIRST PERSONAL NAME		IAL 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): F	Provide only one Secured Party	name (3a or 3b	0)	
3a. ORGANIZATION'S NAME Snap-on Credit LLC					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
950 TECHNOLOGY WAY, SUITE 301	LIBERTY	VILLE	IL	60048-5339	USA
4. COLLATERAL: This financing statement covers the following Purchase Money Security Interest in all tools and eq franchisee or other sales representative, or from Sna interest granted in the collateral listed on the referen now owned and acquired from or hereafter acquired manufactured or distributed by Snap-on Tools Comp together with all proceeds (including insurance proce- items (all the foregoing "Collateral").	uipment purchased under a ap-on Tools Company LLC ced contract, the collateral from a Snap-on franchisee pany LLC and any of its affil	or from any affiliate there shall also include: all item or other sales representa iates; or tools and equipn	of. In additions of tools are ative; and an and and and and and and and and	on to the purchase mond and equipment of Debi and all goods and the Snap-on Traden	oney security tor, whether equipment narks or logos;
	•				
5. Check only if applicable and check only one box: Collateral is	held in a Trust (see UCC1Ad,	item 17 and Instructions) be	eing administer	ed by a Decedent's Perso	nal Representativ
6a. Check <u>only</u> if applicable and check <u>only</u> one box:			6b. Check only if applicable and check only one box:		
Public-Finance Transaction Manufactured-Hon		is a Transmitting Utility	Agricult		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/L	essor Consignee/Cons	signor Seller/Buyer	Baile	ee/Bailor Lice	nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 99433856 DSSPH		****	·· 118	3785963*13	