FILED: JUN 24, 2024 03:02 PM OREGON SECRETARY OF STATE



UCC

RICKENBACH, NANCY

FOLLOW INSTRUCTIONS				•
A. NAME & PHONE OF CONTACT AT SUBMITTER (op Name: Wolters Kluwer Lien Solutions Phone: 800	tional)			
B. E-MAIL CONTACT AT SUBMITTER (optional)	-331-3282 Fax: 818-662-4141			
uccfilingreturn@wolterskluwer.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Addres	^{s)} 19779 - Sheffield			
Lien Solutions	99429679			
P.O. Box 29071 Glendale, CA 91209-9071	OROR			
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CON	NTACT INFORMATION	HE ABOVE SPACE IS	FOR FILING OFFICE I	USE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or		breviate any part of the De	otor's name); if any part of th	ne Individual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here	_			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	Lanni	FIONAL NAME(S)/INITIAL(S)	SUFFIX
RICKENBACH	NANCY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.10.12.10.10.12(0)	
1c. MAILING ADDRESS	СІТУ	STAT	E POSTAL CODE	COUNTRY
331 TROY RD	OAKLAND	OR	97462	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or	r 2b) (use exact, full name; do not omit, modify, or ab	breviate any part of the De	otor's name); if any part of th	ne Individual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here	e and provide the Individual Debtor information	in item 10 of the Financing	Statement Addendum (Form	n UCC1Ad)
2a. ORGANIZATION'S NAME				
OR CHANDING CURNING	LEIDOT DE DOCUMENTALE	Line		Lavenu
2b. INDIVIDUAL'S SÜRNAME	FIRST PERSONAL NAME	ADDI	FIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of assignment	of ASSIGNOR SECURED PARTY): Provide only one	Secured Party name (3a c	r 3b)	
Sheffield Financial, a division of Truist Ba	ank			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
P O BOX 25127	Winston-Salem	NC	27114	USA
4. COLLATERAL: This financing statement covers the followin THE FOLLOWING LISTED EQUIPMENT: Make:PomODIFICATIONS, AND EXCHANGES TO THE SUBERVICE AND REPAIR. AND ALL OTHER EQUIFINANCIAL.	olaris; Model:Z24RGD2KAH; VIN/SN:3NS JBJECT EQUIPMENT TO INCLUDE SPE	CIAL TOOLS AND E	QUIPMENT NEEDED	FOR ITS
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S. Chook and if analisable and shark anti-one have Calladard	is Their a Tenah (and though a transfer	Amarka and Decision 2000	atacand but a Deceded to	nand Doronada
 Check only if applicable and check only one box: Collateral in the collection of the coll	Ineid in a Trust (see UCC1Ad, item 17 and Ins		stered by a Decedent's Per nly if applicable and check	
6a. Check only it applicable and check only one box. Public-Finance Transaction Manufactured-Ho	ome Transaction A Debtor is a Transmitting			ICC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee.				censee/Licensor
OPTIONAL FILER REFERENCE DATA:	oursigner-oursigner			2.00.00
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