



UCC

LIEN NO. 93914020

DANCIN WINERY AND TA

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

## A. NAME &amp; 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) 10288 - Toyota Industries

Lien Solutions  
P.O. Box 29071  
Glendale, CA 91209-9071

99553141

OROR

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

DANCIN WINERY AND TASTING ROOM, LLC

OR

## 1b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 1c. MAILING ADDRESS

4477 S Stage Rd

## CITY

Medford

## STATE

OR

## POSTAL CODE

97501-9400

## 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

## 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

TOYOTA INDUSTRIES COMMERCIAL FINANCE, INC.

OR

## 3b. INDIVIDUAL'S SURNAME

## FIRST PERSONAL NAME

## ADDITIONAL NAME(S)/INITIAL(S)

## SUFFIX

## 3c. MAILING ADDRESS

P.O. Box 9050

## CITY

Dallas

## STATE

TX

## POSTAL CODE

75019-9050

## COUNTRY

USA

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

ONE (1) TORA-MAX FORKLIFT

MODEL # 2TWB45

SERIAL # 20231102025

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

99553141

retail

retail