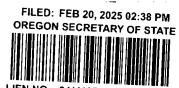


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OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	AE .	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME Snap-on Credit LLC						٠
3. SECURED PARTY'S NAME (	or NAME of ASSIGNEE of ASSIG	NOR SECURED PARTY): Provide	only one Secured Part	y name (3a or 3t	o)	
2c. MAILING ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY		STATE	POSTAL CODE	COUNTRY
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name will not fit in line 2b, leave all o	of item 2 blank, check here a	nd provide the Individual Debtor info	rmation in item 10 of th	he Financing Sta	tement Addendum (Form	UCC1Ad)
2. DEBTOR'S NAME: Provide only			• •			
6139 DODGE RD		WHITE CITY		OR	97503-9524	USA
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
RIEDEL		JARED		MARI	<b>&lt;</b>	
OR 15. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	IE .	ADDITION	VAL NAME(S)/INITIAL(S)	SUFFIX
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<ol> <li>DEBTOR'S NAME: Provide only name will not fit in line 1b, leave all o</li> </ol>						
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C. SEND ACKNOWLEDGMENT T	TO: (Name and Address) 126	34 - SNAP ON				
uccfilingreturn@woltersklt		1				
B. E-MAIL CONTACT AT SUBMIT		202 r ax. 616-002-4141				
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