

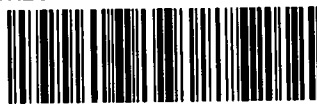
UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) CSC 1127 Broadway St NE Suite 310 Salem, OR 97301

Filed In: OR
Secretary Of State

ACT INFORMATION

FILED: MAY 30, 2025 03:53 PM
OREGON SECRETARY OF STATE



UCC LIEN NO. 94207159 TUBE SPECIALTIES CO.

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 TUBE SPECIALTIES CO., INC.			
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 1459 NW Sundal Road	CITY Troutdale	STATE WI	POSTAL CODE 97060
		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 Rosenthal & Rosenthal Midwest Inc.			
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 800 W Fulton Market, Suite 725	CITY Chicago	STATE IL	POSTAL CODE 60607
		COUNTRY USA	

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

DESCRIPTION OF PROPERTY:

(a) Schedule A attached equipment leased pursuant to that certain Equipment Schedule No. 27, executed pursuant to that certain Master Lease Agreement dated as of March 27, 2025 (the "Lease"), each between Secured Party, as lessor, and Debtor, as lessee, together with all related software (embedded therein or otherwise), if any, and general intangibles, all additions, attachments, accessories and accessions thereto whether or not furnished by the supplier thereof, and any and all substitutions, replacements or exchanges for any such item of equipment; in each such case in which Debtor shall from time to time acquire an interest; (b) all subleases, chattel paper, accounts, security deposits and general intangibles relating thereto, and any and all substitutions, replacements or exchanges for any such collateral, in each such case in which Debtor shall from time to time acquire an interest; and (c) any and all insurance

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:

2550 115

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

TUBE SPECIALTIES CO., INC.

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):
and/or other proceeds thereof.

13. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

SCHEDULE A

Vendor Name & Invoice No.: Keyence Corp. of America Invoice No. 1003611947 dated 5/12/2025

Description: (15) BT-A600 Handheld Mobile Computer

(17) BT-B6 Rechargeable Li-Ion Battery

(15) OP-89036 Protector(For Unit)

(4) BT-UC64 4-Slot Charging Cradle

(4) OP-99021 Standard AC cable

(1) BT-HMT2 Management tool

(1) BT-CG64 4-slot Battery Charger

(15) BT-GN6 Gun Grip Unit

(3) DX-A600 Handheld Computer

(3) DX-BS6 Communication Unit

(3) OP-88604 Magnetic Charging Cable (1 m)