

FILED: JUL 16, 2025 02:19 PM OREGON SECRETARY OF STATE



LIEN NO. 942

UCC

THE PAPE' GROUP, INC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS	••						
A. NAME & PHONE OF CONTACT AT SUBMI	TTER (optional)						
Name: Wolters Kluwer Lien Solutions Ph		318-662-4141					
B. E-MAIL CONTACT AT SUBMITTER (option uccfilingreturn@wolterskluwer.com							
C. SEND ACKNOWLEDGMENT TO: (Name ar	nd Address) 14148 - BAN	C OF					
Lien Solutions	10495	\neg \blacksquare					
P.O. Box 29071	/2404						
Glendale, CA 91209-9071	OROR						
File with: Secretary of State, OR SEE BELOW FOR SECURED PA	RTY CONTACT INFORMA	TION	THE ABOVE SPA	CE IS F	OR FILING	OFFICE USE	ONLY
1. DEBTOR'S NAME: Provide only one Debtor r							
name will not fit in line 1b, leave all of item 1 blank,	check here and provide the	ne Individual Debtor informat	ion in item 10 of the Fir	ancing Sta	atement Adde	endum (Form UC	C1Ad)
13. ORGANIZATION'S NAME THE PAPE' GROUP, INC.							7
OR 1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		LADDITIO	NAL NAME(S)/	INITIAL(S)	SUFFIX
1c. MAILING ADDRESS		CITY		STATE	POSTAL CO	DE	COUNTRY
355 Goodpasture Road Suite 300		Eugene		OR	97401		USA
2. DEBTOR'S NAME: Provide only one Debtor r							
name will not fit in line 2b, leave all of item 2 blank, 2a. ORGANIZATION'S NAME	check here and provide th	ne Individual Debtor informat	ion in item 10 of the Fin	ancing Sta	tement Adde	endum (Form UC	C1Ad)
Ed. ONO WIE WIENG WAINE			•				
OR 2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
					_		
2c. MAILING ADDRESS		CITY		STATE	POSTAL CO	DE	COUNTRY
2 SECURED BARTYIS MANE (MASS CASE)	20101155 (100101105 050111				<u> </u>		
3. SECURED PARTY'S NAME (or NAME of AS 3a. ORGANIZATION'S NAME	SIGNEE OF ASSIGNOR SECUR	RED PARTY): Provide only o	one Secured Party nam	ie (3a or 3	0)		
Banc of America Leasing & Capit	tal, LLC						
OR 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)	/INITIAL(S)	SUFFIX
				ļ	, , , , , , , , , , , , , , , , , , ,		<u> </u>
3c. MAILING ADDRESS		CITY		STATE	POSTAL CO	DDE	COUNTRY
3400 Pawtucket Avenue COLLATERAL: This financing statement covers to	ho following collatoral:	Riverside		RI	02915		USA
The collateral is certain goods generally de 733 to Master Lease Agreement No. 2732 attachments accessories and accessions intangibles arising from or related to any suse or operation of such goods by third particular obligations arising thereunder or in connect (including claims for rent upon any lease of all of the foregoing, including proceeds property, deposit accounts, letter of credit statement is filed pursuant to the precautic leases the goods described above to Debt in the collateral under applicable provision	escribed as Exhibit A and 19-90000, dated July 29, 2 to, and all substitutions ar ale, lease, rental or other inties, including instrumen ction therewith; (iii) all ins of such goods); (iv) all soft in the form of goods, accorights and supporting oblionary filing provisions of the tor, and shall not of itself the supporting of the sup	2014, in which the Deb and replacements for, so disposition of such go ts, investment property curance, warranty and ftware and other intelled bunts, chattel paper, do gations; and (vi) all but the Uniform Commercia be a factor in determin	tor now or hereafte uch goods; (ii) all a ods to third parties y, deposit accounts other claims again octual property righ ocuments, instrum ooks and records r al Code in connect	er has rig accounts s, or others, letter of st third p ats used ents, gen egarding ion with	ghts, toget s, chattel p erwise resu of credit rig parties with in connect neral intan g the foreg a transact	her with: (i) a paper, and ge phts, and supp respect to so ion therewith gibles, invest oing. This fir ion in which S	all parts, neral e possession, porting uch goods ; (v) proceeds ment lancing Secured Party
Exhibit A to 27329-90000-733							
5. Check <u>only</u> if applicable and check <u>only</u> one box:		(see UCC1Ad, item 17 and					I Representative
6a. Check only if applicable and check only one bo		-		• •	and check only		
	factured-Home Transaction	A Debtor is a Transmi			ural Lien	Non-UCC I	
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor C	onsignee/Consignor	Seller/Buyer	Bail	ee/Bailor	Licens	ee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 104952454							



The following documents are attached to and made a part hereof:
Schedule A 27329-90000-733
Year
Make
2025
Landoll

Model

930-51-15

VIN/Serial # 1LH930VH0S1E38559

Address

Pape Material Handling

2410 Grand Ave, Sacramento, CA, 95838, Sacramento County

with all standard and accessory equipment