

FILED: JUL 21, 2025 01:08 PM
OREGON SECRETARY OF STATE



UCC

LIEN NO. 94253382

MEJIA, JESUS

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & 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) 12834 - SNAP ON

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

105017177
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

OR

1b. INDIVIDUAL'S SURNAME
MEJIA

FIRST PERSONAL NAME
JESUS

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

236 TALENT AVE, UNIT 56

CITY

TALENT

STATE

OR

POSTAL CODE

97540-8606

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

Snap-on Credit LLC

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS

950 TECHNOLOGY WAY, SUITE 301

CITY

LIBERTYVILLE

STATE

IL

POSTAL CODE

60048-5339

COUNTRY

USA

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

Purchase Money Security Interest in all tools and equipment purchased under any credit sale, installment sale, or similar contract from a Snap-on franchisee or other sales representative, or from Snap-on Tools Company LLC or from any affiliate thereof. In addition to the purchase money security interest granted in the collateral listed on the referenced contract, the collateral shall also include: all items of tools and equipment of Debtor, whether now owned and acquired from or hereafter acquired from a Snap-on franchisee or other sales representative; and any and all goods and equipment manufactured or distributed by Snap-on Tools Company LLC and any of its affiliates; or tools and equipment bearing the Snap-on Trademarks or logos; together with all proceeds (including insurance proceeds or claims), accessions, attachments, additions, substitutions, and replacements to and of such items (all the foregoing "Collateral").

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

105017177

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