LOW INSTRUCTIONS IAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141		LIEN NO. 9076124	19 C.	ALPORTLAND COMPANY	*15
Thome. (000) 331-3202 Tax. (010) 002-4141		1			
-MAIL CONTACT AT FILER (optional)					
CLS-CTLS_Glendale_Customer_Service@wolterskluwer	.com				
SEND ACKNOWLEDGMENT TO: (Name and Address) 17819 -	BANC OF				
CT Lien Solutions 52	983703				
P.O. Box 29071 Glendale, CA 91209-9071	ROR				
File with: Secretary of State, OR					
EBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact	t, full name; do not omit,			OR FILING OFFICE U	
me will not fit in line 1b, leave all of item 1 blank, check here 🔲 and pro		or information in item 10 of the F			
1a. ORGANIZATION'S NAME CALPORTLAND COMPANY					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
IAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
25 E. Financial Way EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac me will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME	Glendora ct, full name; do not omit,	modify, or abbreviate any part or information in item 10 of the F	CA of the Debto	91741 r's name); if any part of the	USA Individual Debtor's
25 E. Financial Way EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac	Glendora ct, full name; do not omit,	or information in item 10 of the F	CA of the Debtor inancing Sta	91741 r's name); if any part of the	USA Individual Debtor's
25 E. Financial Way EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac me will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME CHAPARRAL CONCRETE COMPANY	Glendora A, full name; do not omit, ovide the Individual Debt	or information in item 10 of the F	CA of the Debto inancing Sta	91741 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S)	USA Individual Debtor's UCC1Ad)
25 E. Financial Way EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact me will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME CHAPARRAL CONCRETE COMPANY 2b. INDIVIDUAL'S SURNAME	Glendora st, full name; do not omit, ovide the Individual Debt FIRST PERSONA CITY	or information in item 10 of the F	CA of the Debto inancing Sta ADDITIO	91741_ r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE	USA Individual Debtor's UCC1Ad) SUFFIX COUNTRY
25 E. Financial Way EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact me will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME CHAPARRAL CONCRETE COMPANY 2b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 1	Glendora st, full name; do not omit, ovide the Individual Debt FIRST PERSONA CITY Glendora	or information in item 10 of the F	CA of the Debto inancing Sta ADDITIO STATE CA	91741_ r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE 91741	USA Individual Debtor's UCC1Ad)
25 E. Financial Way EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac me will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME CHAPARRAL CONCRETE COMPANY 2b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME	Glendora st, full name; do not omit, ovide the Individual Debt FIRST PERSONA CITY Glendora	or information in item 10 of the F	CA of the Debto inancing Sta ADDITIO STATE CA	91741_ r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE 91741	USA Individual Debtor's UCC1Ad) SUFFIX COUNTRY
25 E. Financial Way EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac me will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME CHAPARRAL CONCRETE COMPANY 2b. INDIVIDUAL'S SURNAME 2b. INDIVIDUAL'S SURNAME 25 E. Financial Way ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3 3a. ORGANIZATION'S NAME Banc of America Leasing & Capital, LLC	Glendora st, full name; do not omit, ovide the Individual Debt FIRST PERSONA CITY Glendora	or information in item 10 of the F L NAME vide only <u>one</u> Secured Party na	ADDITIO	91741_ r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE 91741	USA Individual Debtor's UCC1Ad) SUFFIX COUNTRY
25 E. Financial Way EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac me will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME CHAPARRAL CONCRETE COMPANY 2b. INDIVIDUAL'S SURNAME 2b. INDIVIDUAL'S SURNAME 25 E. Financial Way ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR 3 3a. ORGANIZATION'S NAME Banc of America Leasing & Capital, LLC	Glendora st, full name; do not omit, pvide the Individual Debt FIRST PERSONA CITY Glendora SECURED PARTY): Pro	or information in item 10 of the F L NAME vide only <u>one</u> Secured Party na	ADDITIO	91741 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE 91741 b)	USA Individual Debtor's UCC1Ad) SUFFIX COUNTRY USA
25 E. Financial Way EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac me will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME CHAPARRAL CONCRETE COMPANY 2b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME	Glendora st, full name; do not omit, pvide the Individual Debt FIRST PERSONA CITY Glendora SECURED PARTY): Pro	or information in item 10 of the F L NAME vide only <u>one</u> Secured Party na	ADDITIO	91741 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE 91741 b)	USA Individual Debtor's UCC1Ad) SUFFIX COUNTRY USA

1

5. Check only if applicable and check only one box: Collateral is held in a Trust	(see UCC1Ad, item 17 and In	nstructions) 🔲	peing administered by a Dec	edent'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 Transmitt	ing Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	Consignee/Consignor	Seller/Buyer	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 52983703			· ·	

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

1	because Individual Debtor name did not fit, check here			
				ı
2				
	18b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	IE ABOVE SPACE IS FOR FILING OFF	ICE USE O
/	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor n			
	19a. ORGANIZATION'S NAME CPC MATERIALS, INC.			
	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2	MAILING ADDRESS	СІТҮ	STATE POSTAL CODE	COUNTR
Э	025 E. Financial Way	Glendora	CA 91741	USA
	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor n			
	20a. ORGANIZATION'S NAME SOUTHWEST CONCRETE PRODUCTS			
	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S/INITIAL(S)	SUFFIX
2	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
0	025 E. Financial Way	Glendora	CA 91741	USA
	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor n			
	21a. ORGANIZATION'S NAME CALIFORNIA PORTLAND CEMENT COMPA			
ŀ	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
)).	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
)	25 E. Financial Way	Glendora	CA 91741	USA
ĺ	ADDITIONAL SECURED PARTY'S NAME or [ASSIGNOR SECURED PARTY'S NAME:		
l				
ł	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
)	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
Į	ADDITIONAL SECURED PARTY'S NAME Or [238. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S NAME:	Provide only <u>one</u> name (23a or 23b)	
ŀ	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
F.				
Į	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

	18a. ORGANIZATION'S NAME			
	CALPORTLAND COMPANY			
R	185. INDIVIDUAL'S SURNAME			
	TOD. INDIVIDUALS SURIVAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFF	ICE LISE C
	ADDITIONAL DEBTOR'S NAME: Provide only one De	ebtor name (19a or 19b) (use exact, full name; do not		
	19a. ORGANIZATION'S NAME CPC SOUTHWEST MATERIALS, INC.			
2	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
9c.	MAILING ADDRESS	СПУ	STATE POSTAL CODE	COUNT
20	25 E. Financial Way	Glendora	Q1741	USA
	ADDITIONAL DEBTOR'S NAME: Provide only one De	ebtor name (20a or 20b) (use exact, full name; do not	omit, modify, or abbreviate any part of the Debtor's na	ame)
	2020. ORGANIZATION'S NAME CPC TRANSPORTATION COMPANY, L	LLC		
र	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S/INITIAL(S)	SUFFIX
0c.	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
20	25 E. Financial Way	Glendora	CA 91741	USA
•	ADDITIONAL DEBTOR'S NAME: Provide only one De	ebtor name (21a or 21b) (use exact, full name; do not	omit, modify, or abbreviate any part of the Debtor's na	ame)
	212. ORGANIZATION'S NAME CALPORTLAND CONSTRUCTION			_
२	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Īc.	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
20	25 E. Financlial Way	Glendora	CA 91741	USA
2.	ADDITIONAL SECURED PARTY'S NAME 0 22a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S N	NAME: Provide only <u>one</u> name (22a or 22b)	
_				
2	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c.	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
3.	ADDITIONAL SECURED PARTY'S NAME 0 238. ORGANIZATION'S NAME		NAME: Provide only <u>one</u> name (23a or 23b)	
۲.	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS			

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here			
18a. ORGANIZATION'S NAME			
CALPORTLAND COMPANY			
18b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
		THE ABOVE SPACE IS FOR FILING OFFI	CE USE ON
ADDITIONAL DEBTOR'S NAME: Provide only one Debtor 1 19a. ORGANIZATION'S NAME	name (19a or 19b) (use exact, full name; do not or	nit, modify, or abbreviate any part of the Debtor's na	ame)
GLACIER NORTHWEST, INC.			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	СІТҮ	STATE POSTAL CODE	COUNTRY
025 E. Financial Way	Glendora	CA 91741	USA
ADDITIONAL DEBTOR'S NAME: Provide only one Debtor	name (20a or 20b) (use exact, full name; do not or	nit, modify, or abbreviate any part of the Debtor's na	ame)
202. ORGANIZATION'S NAME NORTHWEST AGGREGATES CO.			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
025 E. Financial Way	Glendora	CA 91741	USA
ADDITIONAL DEBTOR'S NAME: Provide only one Debtor	name (21a or 21b) (use exact, full name; do not or	nit, modify, or abbreviate any part of the Debtor's na	ame)
218. ORGANIZATION'S NAME SILVER STATE MATERIALS, LLC			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	СІТҮ	STATE POSTAL CODE	COUNTRY
025 E. Financial Way	Glendora	CA 91741	USA
ADDITIONAL SECURED PARTY'S NAME OF	ASSIGNOR SECURED PARTY'S NA	ME: Provide only <u>one</u> name (22a or 22b)	
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
C. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or			
ADDITIONAL SECURED PARTY'S NAME OF 23a. ORGANIZATION'S NAME	ASSIGNOR SECURED PARTY'S NA	MIE. FIONIDE ONLY <u>OTHE</u> Name (23a of 23b)	
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS		STATE POSTAL CODE	COUNTRY
			1 000011111

ų