FILED: APR 11, 2016 05:00 PM OREGON SECRETARY OF STATE UCC LIEN NO. 90789367 SHELTO

	UCC	11 E 1881 HH B			1		
UCC FINANCING STATEMENT		LIEN	NO. 90789367	SHELTON-TURNE	BULL PRI		
FOLLOW INSTRUCTIONS			•	•			
A. NAME & PHONE OF CONTACT AT FILER (optional)							
Corporation Service Company 1-800-858-5	5294						
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
_		$\overline{}$					
Corporation Service Comp		1					
1127 Broadway St NE							
Suite 310	Filed In	n: Oregon					
Salem, OR 97301		(S.O.S.)					
4 DEDTORIO MANG					R FILING OFFICE USE (
	provide the	e Individual Debte			's name); if any part of the In- atement Addendum (Form UC		
1a. ORGANIZATION'S NAME SHELTON-TURNBULL P	RINTE	RS, INC.					
1b. INDIVIDUAL'S SURNAME		FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 3403 W 7TH AVE		CITY	 .	STATE	POSTAL CODE	COUNTRY	
	ļi	EUGENE		OR	97402	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use e	xact, full na	me; do not omit,	modify, or abbreviate any p	part of the Debtor	s name); if any part of the Inc	dividual Debtor's	
name will not fit in line 2b, leave all of item 2 blank, check here and	provide the	e Individual Debto	or information in item 10 of	the Financing Sta	atement Addendum (Form UC	CC1Ad)	
2a. ORGANIZATION'S NAME		-	-	_			
OR 2b. INDIVIDUAL'S SURNAME	·					T	
2D. INDIVIDUAL S SURNAME	ľ	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS		CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE	OR SECURI	ED PARTY): Pro	vide only one Secured Par	tv name (3a or 3b	<u></u>		
3a. ORGANIZATION'S NAME De Lage Landen Financia	I Servic	ces, Inc.	, <u></u>	· · · · · · · · · · · · · · · · · · ·	,	·····	
OR CLASSIC CONTRACTOR OF THE C							
3b. INDIVIDUAL'S SURNAME	[FIRST PERSONA	LNAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
22 MANUNIC ADDRESS 4444 OLL E. J. O. J. J. D.					Ii		
3c. MAILING ADDRESS 1111 Old Eagle School Road		сітү Wayne		PA	POSTAL CODE 19087	USA	
4. COLLATERAL: This financing statement covers the following collatera		· · · · · ·		1.7	10001	100/1	
The collateral described in Schedule 'A' attach	: ed here	eto and ma	de a part hereof.	together w	rith all components	S.	
additions, upgrades, attachments, accessions,				•	•	•	
relates only to the aforementioned collateral, and is not intended to create or perfect a lien on all of the debtor's assets.							
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					•		
				•			
•							
				t			
5. Check only if applicable and check only one box: Collateral is held in	a Trust (se	ee UCC1Ad, item	17 and Instructions)	being administer	red by a Decedent's Personal	Representative	
6a. Check only if applicable and check only one box:		•			applicable and check only or		
Public-Finance Transaction Manufactured-Home Transaction	ction [A Debtor is a	Transmitting Utility	Agricult	ural Lien Non-UCC F	Filing	
7. ALTERNATIVE DESIGNATION (if applicable):	☐ Co	nsignee/Consign	or Seller/Buye	er Bai	lee/Bailor Licens	ee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: :DFS105077				1			

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SCHEDULE A

AND SHELTON-TURNBULL PRINTERS, INC.		, LESSE
DATE; <u>4/7/2</u> 016	LEASE NUMBER: <u>DFS 34417</u>	
DESCRIPTION OF EQUIPMENT:		
1 DART 4600S PLATESETTER		
1 DART SERIES HEIDELBERG (W) 425 PUNCH		
1 POWERVAR FOR JAV/DART/FP		
1 DART 4600 INSTALLATION		
1 DART 4600S FIRST YEAR PREFERRED CSA WITH PROCESSOR		
1 DART SAL 4600		
1 DART SA-L4300II/SA-L4600 EXTRA CASSETTE W/TROLLY		
1 DART 4600 SAL INSTALL		
1 DART 4600 SAL FIRST YEAR PREFERRED CSA		
1 BUILT-IN BRIDGE OPTION (4600)		
1 XMF GATEWAY FOR JAVELIN AND DART		
1 XMF GATEWAY GEN 3 PLATFORM CUSTOM		
1 XMF GATEWAY IMPLEMENTATION AND CONFIGURATION		
1 COLORPATH SYNC IO STANDARD		
1 FUJIFILM TECHNICAL SERVICES (INITIAL DAY)		
1 ESTIMATED FREIGHT		

THIS SCHEDULE SHALL HERE AFTER FORM PART OF THE AFOREMENTIONED LEASE.

YOU AGREE THAT A FACSIMILE COPY OF THIS DOCUMENT WITH FACSIMILE SIGNATURES MAY BE TREATED AS AN ORIGINAL AND WILL BE ADMISSIBLE AS EVIDENCE IN A COURT OF LAW.

LESSEE	Signalure X	_ Date
CEPTED BY LESSOR	Signature X Print Name Lenal Name of Composition or Partnership _ Do Lland Llanden Financial Services _ Inc.	
¥	Legal Name of Corporation or Partnership De Lage Landen Financial Services, Inc.	