



UCC

LIEN NO. 90831822

OREGON BEVERAGE RECY

#0795

0010

UCC  
CHECK

\$15.00

\$15.00

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 17819 - BANC OF <div style="display: flex; justify-content: space-between;"><div>CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div>53988867  OROR</div></div>	
File with: Secretary of State, OR	

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 Oregon Beverage Recycling Cooperative				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3900 NW Yeon Avenue		CITY Portland	STATE OR	POSTAL CODE 97210
			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 Banc of America Leasing & Capital, LLC				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 125 Dupont Drive		CITY Providence	STATE RI	POSTAL CODE 02907
			COUNTRY USA	

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

The collateral is certain goods generally described as reverse vending machines, and more particularly described or referred to as the "Equipment" listed on Exhibit A attached hereto and subject to Schedule No. 088 to Master Lease Agreement No. 20329-90000, dated July 20, 2009, in which the Debtor now or hereafter has rights, together with: (i) all parts, attachments accessories and accessions to, and all substitutions and replacements for, such goods; (ii) all accounts, chattel paper, and general intangibles arising from or related to any sale, lease, rental or other disposition of such goods to third parties, or otherwise resulting from the possession, use or operation of such goods by third parties, including instruments, investment property, deposit accounts, letter of credit rights, and supporting obligations arising thereunder or in connection therewith; (iii) all insurance, warranty and other claims against third parties with respect to such goods (including claims for rent upon any lease of such goods); (iv) all software and other intellectual property rights used in connection therewith; (v) proceeds of all of the foregoing, including proceeds in the form of goods, accounts, chattel paper, documents, instruments, general intangibles, investment property, deposit accounts, letter of credit rights and supporting obligations; and (vi) all books and records regarding the foregoing.

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:

53988867

Equipment Location	Vendor	Invoice#	Date	QTY	Model	Equipment Description	Serial#
12403 NE Gilsan Portland, OR 97230	RH Brown Co. Multicraft Plastics Bridge City Steel Motion Industries, Inc. Motion Industries, Inc. McMaster-Carr Mouser Electronics W/ W/ Grainger Motion Industries, Inc. Motion Industries, Inc. Tomra Tomra Tomra Tomra Multicraft Plastics Tomra Tomra	144418 1067814 77320 OR01-420827  51000199 40094575 9045257889 OR01-423239  CD99094022 CD99108490 CD99108476 CD99108648 1067182 CD99101410 CD99108490	1/12/16 01/28/16 03/09/16 03/07/16 02/16/16  02/26/16 02/11/16 03/04/16 03/28/16  01/08/16 03/14/16 03/14/16 03/15/16 02/29/16 01/08/16 03/14/16	1  14             6 1 1 4  1 1 1	               TR820 TR820 TR820 TR820  TR820 TR820 TR820	Conveyor System Black ABS Conveyors-conveyor sys/diverts Conveyor System supplemental equipment Supplemental Conveyor parts  Supplemental Conveyor parts Supplemental Conveyor parts Supplemental Conveyor parts Supplemental Conveyor parts  MK4 RV Machines w/smart sorts RVM Trim Kit RVM Trim Kit RVM Trim Kit Black ABS Diverters for machines install Tomra Trac Unit w/cables & monitor Supplemental parts for Tomra Trac	               916011450, 916011451, 916011452, 916011453, 916011454, and 916011455       TT-003081
Schedule Total							