ICC FINANCING STATEMENT					
A NAME & PHONE OF CONTACT AT FILER (optional)					
CSC 1-800-858-5294 3. E-MAIL CONTACT AT FILER (optional)					
SPRFiling@cscglobal.com		\int		ED: APR 24, 2023 02	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		ł		GON SECRETARY OF	
2537 13385	I				
CSC					
1127 Broadway St. NE, Suite 310 _F Salem, OR 97301	Filed In: Oregon	UCC	L	IEN NO. 93531209	CANAM HOLDINGS
	(S.O.S.)			R FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact	t, full name; do not omit, modify, or				
	ovide the Individual Debtor informat	tion in item 10 of the Fir	nancing St	atement Addendum (Form UC	CC1Ad)
1a. ORGANIZATION'S NAME CANAM HOLDINGS, INC.					
R			1.00.00		
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1D. INUIVIDUAL'S SURNAME					
	CITY DANVILLE		STATE CA	POSTAL CODE 94526	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact	CITY DANVILLE t, full name; do not omit, modify, or		STATE CA	POSTAL CODE 94526 's name); if any part of the In	COUNTRY USA Idividual Debtor's
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac name will not fit in line 2b, leave all of item 2 blank, check here and provide only <u>one</u> blank check here	CITY DANVILLE t, full name; do not omit, modify, or		STATE CA	POSTAL CODE 94526 's name); if any part of the In	COUNTRY USA Idividual Debtor's
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact	CITY DANVILLE t, full name; do not omit, modify, or		STATE CA	POSTAL CODE 94526 's name); if any part of the In	COUNTRY USA Idividual Debtor's
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1b. INDIVIDUAL'S SURNAME MAILING ADDRESS 50 OAK COURT, STE 120 DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exac name will not fit in line 2b, leave all of item 2 blank, check here and provide only <u>one</u> Orbitank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	CITY DANVILLE t, full name; do not omit, modify, or ovide the Individual Debtor informat		STATE CA the Debtor hancing St	POSTAL CODE 94526 's name); if any part of the In atement Addendum (Form UC	COUNTRY USA Individual Debtor's CC1Ad)
	CITY DANVILLE t, full name; do not omit, modify, or ovide the Individual Debtor informat		STATE CA the Debtor hancing St	POSTAL CODE 94526 's name); if any part of the In atement Addendum (Form UC	COUNTRY USA ndividual Debtor's CC1Ad)
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DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact name will not fit in line 2b, leave all of item 2 blank, check here and provide ORGANIZATION'S NAME CANAM MINERALS, INC.	CITY DANVILLE t, full name; do not omit, modify, or ovide the Individual Debtor informat FIRST PERSONAL NAME CITY Danville SECURED PARTY): Provide only 9	tion in item 10 of the Fir	STATE CA the Debtor hancing St ADDITIO STATE CA	POSTAL CODE 94526 's name); if any part of the In atement Addendum (Form UC NAL NAME(S)/INITIAL(S) POSTAL CODE 94526	COUNTRY USA Idividual Debtor's CC1Ad) SUFFIX COUNTRY
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30028 SOUTHWEST INDÚSTRIAL PARKWAY, HAYWARD, CA 94544 1448 SAINT PAUL AVENUE, TACOMA, WA 98421

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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:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller	r/Buyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :277-30	2537 13385

FOLLOW INSTRUCTIONS

because Individual Debtor name did not fit, check here	ement; if line 1b was left blank			
9a, ORGANIZATION'S NAME				
CANAM HOLDINGS, INC.				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	S FOR FILING OFFI	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor (name or Debtor name that did not fit in	line 1b or 2b of the Einancing S	tatomost (Earm LICC1) (
do not omit, modify, or abbreviate any part of the Debtor's name) and ent 10a. ORGANIZATION'S NAME GRAND FORKS RECLAM	er the mailing address in line 10c	·		use exact, full name
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10a. ORGANIZATION'S NAME GRAND FORKS RECLAN	er the mailing address in line 10c	·		SUFFIX
OR 10a. ORGANIZATION'S NAME GRAND FORKS RECLAN 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	er the mailing address in line 10c	·	POSTAL CODE 94526	

 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

 11a. ORGANIZATION'S NAME

 0R

 11b. INDIVIDUAL'S SURNAME

 FIRST PERSONAL NAME

11c. M	AILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEMENT:
REAL ESTATE RECORDS (if applicable)	covers timber to be cut covers as-extracted collateral is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate;

17. MISCELLANEOUS:

FOLLOW INSTRUCTIONS

	JAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was because Individual Debtor name did not fit, check here	i left blank	
	CANAM HOLDINGS, INC.		•
OR	9b. INDIVIDUAL'S SURNAME		
	FIRST PERSONAL NAME	<u> </u>	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; - do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

108. ORGANIZATION'S NAME KLEEN INDUSTRIAL SERVICES, INC.

OR 10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

10c.	MAILING ADDRESS50 OAK COURT, STE 120	CITY	STATE	POSTAL CODE	COUNTRY
		Danville	CA	94526	USA
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIG	GNOR SECURED PARTY'S NAM	AE: Provide only one na	me (11a or 11b)	· · · · · · · · · · · · · · · · · · ·
	11a. ORGANIZATION'S NAME				
OR					
0	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX

مهد حمده

CITY

SUFFIX

COUNTRY

STATE

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POSTAL CODE

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

11c. MAILING ADDRESS

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT:
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate:
17. MISCELLANEOUS:	

17. MISCELLANEOUS:

FOLLOW INSTRUCTIONS

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	VAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was le because Individual Debtor name did not fit, check here	ft blank	
	9a. ORGANIZATION'S NAME		
	CANAM HOLDINGS, INC.		
OR	95. INDIVIDUAL'S SURNAME		-
	FIRST PERSONAL NAME		- ·
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-
			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
10.	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name	that did not fit	in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name;

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10a. ORGANIZATION'S NAME PACIFIC ABRASIVES AND SUPPLY, INC.

OR 105. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

10c	MAILING ADDRESS50 OAK COURT, STE 120	city Danville	STATE CA	POSTAL CODE 94526	COUNTRY USA
11.	ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY'S NAM	E: Provide only <u>one</u> na	ame (11a or 11b)	
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c	, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

SUFFIX

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

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15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate:
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17. MISCELLANEOUS:	

FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME				
CANAM HOLDINGS, INC.			•	
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na do not omit modify or abbreviate any part of the Debtor's name) and enter				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter 10a. ORGANIZATION'S NAME Waypoint Properties LLC				
do not omit, modify, or abbreviate any part of the Debtor's name) and enter				
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do not omit, modify, or abbreviate any part of the Debtor's name) and enter 10a. ORGANIZATION'S NAME Waypoint Properties LLC 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		STATE	POSTAL CODE	
do not omit, modify, or abbreviate any part of the Debtor's name) and enter 10a. ORGANIZATION'S NAME Waypoint Properties LLC 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	the mailing address in line 10c			SUFFIX
do not omit, modify, or abbreviate any part of the Debtor's name) and enter 10a. ORGANIZATION'S NAME Waypoint Properties LLC 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME				

OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY .	STATE POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT:			
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17. MISCELLANEOUS:

FOLLOW INSTRUCTIONS

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem	ient; if line 1b was left blank			
because Individual Debtor name did not fit, check here				
9a. ORGANIZATION'S NAME				
CANAM HOLDINGS, INC.				
· ·				
R 96. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
			IS FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter 		line to of 20 of the Financing t	Statement (Form UCC1) (use	exact, fuil nam
10a. ORGANIZATION'S NAME TRU-GRIT ABRASIVES, II	•			
IRU-GRITADRASIVES, II				
R 106. INDIVIDUAL'S SURNAME				
100. INDIVIDUAL S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
			•	- Inversion
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
	···· •			
DC. MAILING ADDRESS50 OAK COURT, STE 120		STATE	POSTAL CODE	COUNTRY
	Danville	CA	94320	USA
1. ADDITIONAL SECURED PARTY'S NAME or ASS	GIGNOR SECURED PARTY	S NAME: Provide only one n	ame (11a or 11b)	
11a. ORGANIZATION'S NAME				
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	ADDITIONAL NAME(S)/INITIAL(S) SUFFI	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		A		i
2. ADDITIONAL SPACE FOR THEM 4 (Collateral).				
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 14. This FINANCING STATEMENT:

 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):
 16. Description of real estate:

 17. MISCELLANEOUS:

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FILING OFFICE COPY - UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)