FILED: JAN 25, 2024 02:46 PM OREGON SECRETARY OF STATE



RIVER CITY ENVIRONME

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-328	32 Fax: 818-662-4141				
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1523	7 - OLD SECOND				
I	— I				
P.O. Box 29071	97027809	· • • • • • • • • • • • • • • • • • • •			
Glendale, CA 91209-9071 C	ROR				
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT IN	IFORMATION	THE ABOVE SPA	CE IS FO	OR 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 t	he Debtor	's name); if any part of the Inc	dividual Debtor's
name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME	provide the Individual Debtor inform	ation in item 10 of the Fina	ancing Sta	tement Addendum (Form UC	C1Ad)
RIVER CITY ENVIRONMENTAL, INC.					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
1c. MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY
5410 NE 109th Ave	Portland		STATE	97220	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use of		or abbreviate any part of t			
name will not fit in line 2b, leave all of item 2 blank, check here and	provide the Individual Debtor inform				
2a. ORGANIZATION'S NAME		-		·-	
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
					00.11
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE	OR SECURED PARTY): Provide only	one Secured Party name	(3a or 3h	\\	
3a. ORGANIZATION'S NAME	SK GEGGKEB T AKTT J. F TOVIDE OILS	One Secured Farty Hami	5 (3a Ol 3L	<i>,</i> ,	
OLD SECOND NATIONAL BANK					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	······	STATE	POSTAL CODE	COUNTRY
37 SOUTH RIVER	AURORA		IL	60506-4172	USA
4. COLLATERAL: This financing statement covers the following collatera ALL PERSONAL PROPERTY DESCRIBED IN EQUIPMEN ENVIRONMENTAL, INC. AS BORROWER AND OLD SEC DESCRIBED AS FOLLOWS: ONE (1) USED 2018 VACTO VACUUM EXCAVATOR TRUCK VIN: 3BKBLJ0X7JF20748 ITI 5100 GALLON TANK VACUUM BODY S/N: ITI13885 O 120BBL 5000 GALLON TANK VACUUM BODY S/N: ITI138 COLLATERAL, AMENDMENTS, PARTS, SUBSTITUTIONS ATTRIBUTABLE TO THE LOSS OR DAMAGE TO ANY OF FINANCINGS PURSUANT THERETO.	IT FINANCE AGREEMENT # OND NATIONAL BANK AS S R 21HXPD36 S/N 18-09V-17 I1 ONE (1) USED 2019 PETE NE (1) USED 2019 PETERB B33, TOGETHER WITH ALL A S, ADDITIONS, REPAIRS, A	SECURED LENDER, 1723 MOUNTED ON ERBILT MODEL 389 ILT MODEL 389 TRI ATTACHMENTS, RE ND ACCESSORIES,	INCLUI A USEI TRUCK JCK VIN PLACE INSUR	DING PERSONAL PRO 2018 KENWORTH M VIN: 1NPXX4EX1KD4 1: 1NPXX4EXXKD4933 MENTS, ADDITIONAL ANCE PROCEEDS	OPERTY ODEL T440 193344 WITH 143 WITH ITI
5. Check only if applicable and check only one box: Collateral is held in the control of the control one box: Public-Finance Transaction Manufactured-Home Trans	n a Trust (see UCC1Ad, item 17 an	6b. Ch	eck <u>only</u> i	ed by a Decedent's Persona if applicable and check only	one box:
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Agricultu Baile		ee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					J. 2.00.1301
97027809 1/06			961	18205207000	

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