UNITED STATES DISTRICT EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION

PRIME ALLIANCE BANK, INC., a Utah banking corporation; and SERTANT CAPITAL, LLC, a Delaware limited liability company,

Case No. 1:23-cv-10564-LJM-PTM Hon. Laurie J. Michelson

Plaintiffs

V

THE GREAT LAKES TISSUE COMPANY, a Michigan corporation,

Defendant.

DAVID L. POWERS (P39110)
Counsel for Plaintiffs
SMITH, MARTIN, POWERS & KNIER, PC
900 Washington Ave.,
P.O. Box 219
Bay City, MI 48707-0219
Tel: (989) 892-3924
dpowers@smpklaw.com

ROBERT S. MCWHORTER (P49215)
Counsel for Plaintiffs
BUCHALTER, A PROFESSIONAL CORPORATION
500 Capitol Mall, Ste. 1900
Sacramento, California 95762
Tel: (916) 899-1099
rmcwhorter@buchalter.com

DECLARATION OF MICHAEL J. PRZEKOP IN RESPONSE TO OPPOSITION TO MOTION FOR POSSESSION

I, Michael J. Przekop, declare:

- 1. I am presently employed by Co-Plaintiff Sertant Capital LLC ("Sertant") in the capacity of President. I have been employed by Sertant since 2017. As to the following facts, I know them to be true and correct of my own knowledge and, if sworn as a witness, I could and would testify competently to the truth thereof.
- 2. Defendant The Great Lakes Tissue Company ("GLT") is a Michigan Corporation. Attached hereto as **Exhibit 1** is a true and correct copy of a State of Michigan Department of Corporation search report printout to that effect. As reflected therein, Kip Boie continues to be listed as the President of GLT.
- 3. Attached herto as **Exhibit 2** is a true and correct copy of the Delivery Acceptance and Payment Authorization Certificate executed by GLT on September 27, 2022 in connection with the subject equipment lease transaction (the Lease"). As reflected therein, Kip Boie, GLT's President and Chief Executive Officer, expressly instructed Plaintiffs in writing to send the equipment lease funding proceeds to GLT at GLT's bank indentified in GLT's wire transfer instructions contained therein.
- 4. Attached hereto as **Exhibit 3** is a true and correct copy of the Pay Proceeds Direction signed by Mr. Boie on behalf of GLT whereby GLT further instructed Plaintiffs where to send the wire transfer proceeds.
- 5. Attached hereto as **Exhibit 4** is a true and correct copy of Plaintiff's wire transfer confirmation confirming GLT's receipt of the equipment lease funding proceeds from Plaintiffs. Exhibit 4 reflects that the funds were sent to account which Mr. Boie expressly instructed Plaintiffs to send the money as reflected in Exhibits 2 and 3 hereto.

- 6. As part of Plaintiff's due diligence, Sertant ran a search of the UCC-1 Financing Statements in the State of Michigan under the name "The Great Lakes Tissue Company." Attached hereto as **Exhibit 5** is a true and correct copy of the UCC-1 search report.
- 7. Plaintiffs obtained UCC-3 Termination Statements of the UCC 1 Financing Statements from each of the relevant parties identified in the Exhibit 3 who conceivably might at that time have had a security interest in the equipment (the "Equipment") that is the subject of the Lease. Attached hereto as **Exhibit 6** are true and correct copies of these termination statements.
- 8. As reflected in Exhibit 5, the City of Cheboygan and INB did not file any UCC-1 Financing Statement with the Michigan Secretary of State's Office. I note that Mr. Swenson and GLT have not provided any documentation or other evidence in support of a claim that Plaintiffs' interest in the Equipment was subject to superior lien claims of record on the date Plaintiffs' funded the Lease. The commercial financing world relies on the accuracy of Secretary of State records and the perfection rules provided for in the Uniform Commercial Code and the State of Michigan's version thereof.
- 9. Attached hereto as **Exhibit 7** is a true and correct copy of an email exchane ending February 16, 2023 between Sertant's counsel (Mr. Scott) and Donald Swenson, the declarant whose declaration was filed in support of GLT's opposition
- 10. Attached hereto as **Exhibit 8** is a true and correct copy of an email exchange ending February 17, 2023 between Plaintiff's's counsel, Mr. Swensen and Ron Van den Heuevel, the person at GLT who purportedly could make all of the necessary arrangements for an equipment inspection but who never did.

11. Plaintiffs' customer is GLT. GLT signed the Lease. Plaintiffs wired the money to GLT at the bank GLT requested. I do not know who Mr. Swenson is or what promises and representations were made by and between the owners of GLT with respect to the stock certificates of GLT long after the Plaintiffs' Lease closed and was funded. The owners are not Plaintiffs' customers. GLT is the customer. The past and present owners of GLT might very well have a valid dispute between themselves. However, that is not Plaintiffs' concern except to the extent that such dispite has caused Plaintiffs to receive from GLT none of the monthly Lease Rent payments required under the Lease funded by Plaintiffs.

I declare under penalty of perjury that the foregoing is true and correct. Executed on April 14, 2023.

By: MICHAEL J. PRZEKOP
PRESI dent, Sentant CAPITAL, CLC

UNITED STATES DISTRICT EASTERN DISTRICT OF MICHIGAN NORTHERN DIVISION

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Counsel for Plaintiffs
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P.O. Box 219
Bay City, MI 48707-0219
Tel: (989) 892-3924
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ROBERT S. MCWHORTER (P49215)
Counsel for Plaintiffs
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rmcwhorter@buchalter.com

INDEX OF EXHIBITS TO DECLARATION OF MICHAEL J. PRZEKOP IN RESPONSE TO OPPOSITION TO MOTION FOR POSSESSION

Exhibit

- 1. The Great Lakes Tissue Company Corporate Filing
- 2. Delivery, Acceptance and Payment Authorization Certificate
- 3. Pay Proceeds Direction
- 4. Wire Transfer Confirmation
- 5. UCC-1 Search Report with UCC-1 Financing Statements
- 6. UCC-3 Termination Statements
- 7. Email Chain Ending February 16, 2023 between Plaintiffs' counsel and Donald Swenson.
- 8. Email Chain Ending Febuary 17, 2023 between Plaintiffs' counsel, Donald Swenson and Ron Van Dan Heuvel

Case 1:23-cv-10564-LJM-PTM ECF No. 27-2, PageID.401 Filed 04/16/23 Page 2 of 3

Case 1:23-cv-10564-LJM-PTM ECF No. 8-5, PageID.155 Filed 03/17/23 Page 2 of 3 3/16/23, 6:11 PM Search Summary State of Michigan Corporations Division

Ml.gov LARA Home - Contact LARA -Online Services Corporation Department of Licensing and Regulatory

ID Number: 800558482

Request certificate

Return to Results New search

Summary for: THE GREAT LAKES TISSUE COMPANY

The name of the DOMESTIC PROFIT CORPORATION: THE GREAT LAKES TISSUE COMPANY

Entity type: DOMESTIC PROFIT CORPORATION

Identification Number: 800558482 Old ID Number: 538684

Date of Incorporation in Michigan: 05/05/1993

Purpose: All Purpose Clause

Term: Perpetual

Most Recent Annual Report:

Most Recent Annual Report with Officers & Directors: 2018

The name and address of the Resident Agent:

Resident Agent Name:

KIP BOIE

Street Address:

437 S. MAIN STREET

Apt/Suite/Other:

Clty:

CHEBOYGAN

State: MI

Zip Code: 49721

Registered Office Mailing address:

P.O. Box or Street Address:

437 S. MAIN STREET

Apt/Suite/Other:

City:

CHEBOYGAN

State: MI

Zip Code: 49721

The Officers and Directors of the Corporation:							
Title	Maine	/ de keys					
PRESIDENT	CLARENCE ROZNOWSKI	437 S. MAIN STREET CHEBOYGAN, MI 49721 USA					
TREASURER	CLARENCE ROZNOWSKI	437 S. MAIN STREET CHEBOYGAN, MI 49721 USA					
SECRETARY	CLARENCE ROZNOWSKI	437 S. MAIN STREET CHEBOYGAN, MI 49721 USA					
DIRECTOR	CLARENCE ROZNOWSKI	437 S. MAIN STREET CHEBOYGAN, MI 49721 USA					

Act Formed Under: 284-1972 Business Corporation Act

Total Authorized Shares: 60,000

Written Consent

View fillings for this business entity:

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Case 1:23-cv-10564-LJM-PTM ECF No. 8-5, PageID.156 Filed 03/17/23 Page 3 of 3

3/16/23, 6:11 PM Search Summary State of Michigan Corporations Division

ALL FILINGS
ANNUAL REPORT/ANNUAL STATEMENTS
ARTICLES OF INCORPORATION
RESTATED ARTICLES OF INCORPORATION
RESTATED ARTICLES OF INCORPORATION
View fillings

Comments or notes associated with this business entity:

LARA FOIA Process Transparency Office of Regulatory Reinvention State Web Sites

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Policies

ADA

Michlgan.gov Homo

SERTANT

DELIVERY, **ACCEPTANCE** AND PAYMENT **AUTHORIZATION** CERTIFICATE

620 Newport Center Drive, Suite 1450, Newport Beach, CA 92660

Tel 949-336-3400

Lessee The Great Lakes	Tissue Company			
Street 437 S. Main Stre	ct		The street of th	
City Cheboygan	State MI	County 49721	Zip	

Lessee hereby certifies that the Equipment described in Lease Schedule No. 1 dated 9/24/22 to Master Lease Agreement No. SC-002157 between Scrtant Capital, LLC ("Sertant") and the undersigned Lessee dated 9/24/22 (collectively forming the "Lease"), has been furnished to the Lessee at the location designated in the Lease, that all of the Equipment has been completely received, installed, tested, and accepted as satisfactory by Lessee on the date of funding (the "Acceptance Date"). Sertant is irrevocably authorized to pay the supplier(s) or Lessee by wire transfer to the account(s) indicated below for the full amount of the Equipment Cost stated in the Lease and billing pursuant to the Lease is appropriate.

ACCEPTED BY:

The Great Lakes Tissue Company

BY: Kip Boic President & Cl	
DATE:	27/22
Payce Information:	
Payce;	Great Lakes Tissue Co
Bank Name:	1st Community Bank
Bank ABA Number:	
Account Number:	
Account Name	Great Lakes Tissue Co
Amount:	\$1,910.417.70
Reference.	The Great Lakes Tissue Company- Lease Schedule 1

Payee Information:

Bank Name:	Banc of California NA				
Bank ABA Number:					
Account Number:					
Account Name:	Sertant Capital, LLC				
Amount:	\$89,582.30.				
Reference:	The Great Lakes Tissue Company- Lease Schedule 1				
Payee Information: "Holdback"					
Payee:	Great Lakes Tissue Co				
Bank Name:	1st Community Bank				
Bank ABA Number:					
Account Number:					
Account Name:	Great Lakes Tissue Co				
Amount:	\$1,000,000.00 (Holdback)				
Reference:	The Great Lakes Tissue Company- Lease Schedule 1				

PAY PROCEEDS DIRECTION

TO: Sertant Capital, LLC

620 Newport Center Drive, Suite 1450

Newport Beach, CA 92660

RE: Lease Agreement No.: <u>SC-002157</u> Dated <u>9/37/32</u>; between the undersigned and Sertant Capital, LLC

You are hereby irrevocably instructed to disburse from the proceeds of the Lease Agreement evidenced by the above-referenced instruments the respective amounts to the respective payces designated below:

<u>Amount</u>

\$1,910,417.70

 $(\$3,\!000,\!000.00-\$1,\!000,\!000.00~\mathrm{Holdback-}\,\$89,\!582.30$

Deposit, Closing/Admin Fee)

Payee Name and Address

The Great Lakes Tissue Company

437 S. Main Street,

Cheboygan, MI 49721

\$89,582.30 (Deposit, Closing and Admin Fee)

Sertant Capital, LLC

620 Newport Center Dr, Ste 1450

Newport Beach, CA 92660

Total Amount \$3,000,000.00

Disbursement by you in accordance with the foregoing instructions shall be and constitute payment and delivery to and receipt by us of any and all of such proceeds.

Debtor:

The Great Lakes Tissue Company

By:

Kip Boie

President & CEO

Date: 9/27/2

EXHIBIT 'A' EQUIPMENT DESCRIPTION

The following invoice(s) are referenced, and hereby incorporated, for the purpose of describing the equipment subject to lease agreement # SC-002157. By signing below, I, the lessee, acknowledge that I choose to lease the equipment listed on the invoice(s) per the payment schedule and the terms and conditions set out in lease agreement # SC-002157, which is the governing document to this lease regardless of the price and terms (if any) indicated on the invoice(s).

Equipment Description	S/N#	·	
1969 Bacock & Wilcox Gas Fired 60,000 BTU Boiler	M98133M	\$	18,900.00
2013 Alfa Laval Heat Exchanger	30115-70081	\$	2,625.00
2013 Alfa Laval CB400-86H Heat Exchanger	42787870	\$	2,625.00
Appleton 60"x72" Core Cutter	n/a	\$	1,125.00
Wulfter WLP-150 Automatic Strech Wrap Machine	0700-6317	\$	2,250.00
Orion SW44-12 Stretch Wrapper	7117540	\$	2,250.00
Black Clawson Poly Re-Claim & Stock Prep System	95-H-P-3692	\$	510,000.00
Beloit / Proctor & Gamble 128" Tissue Paper Machine and all accessories	n/a	\$	761,600.00
Lot of Laboratory Equipment and all accessories		\$	7,500.00
1985 Atlas Copco ZR-3 200 HP Packaged Rotary Screw Air Compressor	ARP-1200-8	\$	2,250.00
1985 Atlas Copco ZR-3 200 HP Packaged Rotary Screw Air Compressor	ARP-490886	\$	900.00
1978 Zurn R110A Refrigerated Air Dryer	R-9510	\$	750.00
2014 Ingersoll Rand R110 Nirvana SVD 150Air Compressor	VN1505u13175	\$	14,850,00
Knowlton Core Machine	n/a	\$	10,125.00
1997 Perini 200G Core Machine and Back Stand	09056; 09057	\$	13,500.00
1998 Perini 716B 106" Toilet Roll Rewinder	09719; 09718	\$	150,000.00
2020 Baosuo YD-PL400C-2900 12" Bathroom Tissue Rewinder Line and all accessories	19S13005FS	\$	817,000.00
1999 Perini 702G 106" JRT Rewinder and all acessories	40533	\$	127,500.00
1997 Perini 702G 106" JRT Rewinder Line and all accessories	8897	\$	150,000.00
Hobema 14-H 13" Napkin Folder	446	\$	7,500,00
Lot of Press, Gears, Valves, Pumps, Motors, Etc. Including all components and ancillary items	n/a	\$	281,250.00

Machine Shop Consisting of:

Lincoln Wirematic 255 Welding Set All components and ancillary items.

\$40,500.00

Clausing Colchester 17" Horizontal lattier - S/N; 2312
Bridgeport Series Vertical Drill - S/N; 1202453
Hendey Horizontal Lattier 14 x 42 - S/N; 121
Clincinatti Milling Machine - S/N; E506J
Clincinatti Bickford Drill - S/N; 122
Boyd & Emmes Radial Engine Horizontal Lattier - S/N; N/A
Enerpac Hydraulic Press
Grob NS24 Band Saw - S/N; 3508
Clausing Vertical Drill Press - S/N; 104435
Bradford Grinder - S/N; 86
Clausing Vertical Drill Press - S/N; 511876
Abrasive Machine Tool Sander - S/N; N/A
Miller Bobcat 225 NT Welding Set
Hobart Mega Arc 300 Welding Set
Hobart Mega Arc 300 Welding Set
Misc; Hand Tools & Cabinets
Ridgid 802 Pipe Threader
Wells Metal Band Saw - S/N; 14980
Miller XMT 350 CC/CV Welding Set
Modern C6251x1500 Horizontal Lattier - Age; 2003

Lift Trucks and Rolling Stock

\$75,000.00

Caterpillan 99F - S.N.: AT81G-00357 - 3,500lbs. Cap.
Caterpillar 99H - S.N.: AT81G-00944 - 3,500lbs. Cap.
Caterpillar V-80 - S.N.: 932200-14A
Caterpillar #11 Roll Grab - S.N.: AT8701785 - 7,000 lbs. Cap.
Caterpillar #12 Roll Grab - S.N.: AT8701784 - 7,000 lbs. Cap.
Caterpillar #12 Roll Grab - S.N.: AT8701784 - 7,000 lbs. Cap.
Genie #1 Scissor lift - S.N.: 76192
Genie #2 Scissor lift - S.N.: 76192
Genie #3 Articulating bcom - S.N.: Z34N-3953
Genie #3 Articulating bcom - S.N.: Z34N-3953
Genie AVVP - S.N.: 3892-1317 - 300 lbs. Cap.
Hight #11 - S.N.: 1449K - 4,400 lbs. Cap.
Hyster S-150 - S.N.: A24D1857P - 16,000lbs. Cap.
Hyster S0 - S.N.: 595635 6,000 lbs. Cap.
JCB 506C - S.N.: 595635 6,000 lbs. Cap.
JCB 506C - S.N.: 13738
Linde #5 Roll Grab - S.N.: A11313G00184 - 3,700 lbs. Cap.
Linde #3 Roll Grab - S.N.: A11313G00184 - 3,700 lbs. Cap.
Linde #88 - S.N.: A11319J00224 - 4,500 lbs. Cap.
Linde #88 - S.N.: A11319J00188 - 4,500 lbs. Cap.
Nissan #8 - S.N.: 23108 - 3,500 lbs. Cap.
Skid Steer L230 - S.N.: Wom432589
Terex All: terain lift - S.N.: Th0608B-6256 6,000 lbs.
Toyota #4 Roll Grab - S.N.: 34938 - 4,400 lbs. Cap.
Toyota #4 Roll Grab - S.N.: 34938 - 4,400 lbs. Cap.
Toyota #1 - S.N.: 77656 - 7,700 lbs. Cap.
Toyota #1 - S.N.: 77656 - 7,250 lbs. Cap.

Total Equipment Amount

\$3,000,000.00

EXHIBIT 4

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BRIDGE Outgoing Wire

Basic Information

BRIDGE ISN: 221014010000601482

Business Function {3600} Wire Type {1510}

Sender Name {3100} Receiver Name {3400} OMAD {1120}

Account Number Created By

CTR - Customer Transfer

1000

Bankers Bank of th FRST CMM H SPRINGS 20221014 QMGFNP66 002387

10141749FT03

SueZaro54 @ 10/14/2022 3:28 PM

Amount {2000} Sender ABA {3100} Receiver ABA {3400}

102003743 072406771

\$1,910,417.70

IMAD {1520} **Business Date**

20221014 MMQFMPYY 000507

Friday, October 14, 2022

D - Demand Deposit Account (DDA) Number

Core Account Number

Originator FI {5100}

1001828

Prime Alliance Bank

1868 South 500 West

Woods Cross, UT, 84010

Released By

ID Code

Identifier

Address

Name

1001828 ShaHowa82 @ 10/14/2022 3:48 PM

Originator Information

Originator {5000}

ID Code F - Fed Routing Number

Identifier 124303081

Prime Alliance Bank Name 1868 South 500 West Address Woods Cross, UT 84074

Originator to Beneficiary {6000}

RE: Master Lease Agreement SC-002157 -1 / Sertant

Capital

Beneficiary Information

Beneficiary {4200}

D - Demand Deposit Account (DDA) Number ID Code

Identifier 31049143

Name Great Lakes Tissue Co Address 437 S. Main Street Cheboygan, MI 49721

OFAC Results

Name: Great Lakes Tissue Co Top Score: 83 Status: False Positive Reviewer: JesNich75

Reviewer Comments: obvious name mismatch



CORPORATION SERVICE COMPANY Offline Document Retrieval List

801 Adlai Stevenson Drive Springfield, IL 62703-4261

Ph: (800) 858-5294 Fx: (800) 345-6059 Date: 9/22/2022

Contact: MARILOU YUSON

Account 402270

Company: Sertant Capital, LLC

620 Newport Center Dr

Newport Beach, CA 92660-6420

620 Newport Center Dr

949-336-3500 /

Subject: The Great Lakes Tissue Company

Criteria: The Great Lakes Tissue Company

State: Michigan Search ID: 147988417

Search Type: UCC Search By Company Name -

Active

Order Number: 239998491

Contract Number: SC-002157

Filing Number	Filing Date	Filing Category	
20210803000488-0	8/3/2021	CON	
20220207000241-2	2/7/2022	UCC1	
20220518000435-2	5/18/2022	UGC1	
20220603000739-2	6/3/2022	UGC1	
20220623001023-9	6/23/2022	UCC1	
20220715000231-9	7/15/2022	UCC1	



UCC Summary Report

Order Number: 239998239 Search Date: 9/22/2022 Account Number: 402270

801 Adlai Stevenson Drive Springfield, IL 62703-4261

Ph: (800) 858-5294 Fx: (800) 345-6059

Subject: The Great Lakes Tissue Company

Criteria: Great Lakes Tissue Company

Contract Number: SC-002157

Total Records Found: 33

Results for Michigan UCC Search By Company Name - Active Search results in this jurisdiction include UCC records, Federal Tax Liens and State Tax Liens.

Current as of: 8/31/2022

GroupID	Filing Number	Category	Filing Date	Exp Date	Debtor Name	Secured Party
0001.001	20161130000077-4	UCC1	11/30/2016	11/30/2026	THE GREAT LAKES TISSUE COMPANY 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	FIRST FEDERAL OF NORTHERN MICHIGAN 468 N RIPLEY ALPENA, MICHIGAN 49707
0001.002	20200402000497-4	TRM	4/2/2020	11/30/2026		
0001.003	20210803000488-0	CON	8/3/2021	11/30/2026		
0002.001	20181016000435-3	UCC1	10/16/2018	10/16/2023	THE GREAT LAKES TISSUE COMPANY 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	DE LAGE LANDEN FINANCIAL SERVICES INC. 1111 OLD EAGLE SCHOOL ROAD WAYNE, PENNSYLVANIA 19087
0003.001	20200316000181-0	UCC1	3/16/2020	3/16/2025	THE GREAT LAKES TISSUE COMPANY 437 S. MAIN ST. CHEBOYGAN, MICHIGAN 49721	CHEMICAL BANK A DIVISION OF TCF NATIONAL BANK PO BOX 1527 MIDLAND, MICHIGAN 48641
0003.002	20200408000086-6	AMD	4/8/2020	3/16/2025		
0004.001	20200711000290-8	UCC1	7/11/2020	7/11/2025	THE GREAT LAKES TISSUE COMPANY 437 S MAIN ST. CHEBOYGAN, MICHIGAN 49721	KUBOTA CREDIT CORPORATION U.S.A. PO BOX 2046 GRAPEVINE, TEXAS 76099

Results for Michigan UCC Search By Company Name - Active

Subject: The Great Lakes Tissue Company Search Criteria: Great Lakes Tissue Company

GroupID	Filing Number	Category	Filing Date	Exp Date	Debtor Name	Secured Party
0005.001	20200728000047-8	UCC1	7/28/2020	7/28/2025	THE GREAT LAKES TISSUE COMPANY 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CHEMICAL BANK A DIVISION OF TCF NATIONAL BANK PO BOX 1527 MIDLAND, MICHIGAN 48641
0006.001	20210427001011-3	UCC1	4/27/2021	4/27/2026	THE GREAT LAKES TISSUE COMPANY 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	TOYOTA INDUSTRIES COMMERCIAL FINANCE INC. P.O. BOX 9050 DALLAS, TEXAS 75019
0007.001	20220207000241-2	UCC1	2/7/2022	2/7/2027	THE GREAT LAKES TISSUE COMPANY 437 S. MAIN STREET CHEBOYGAN, MICHIGAN 49721	CNH INDUSTRIAL CAPITAL AMERICA LLC 5729 WASHINGTON AVENUE RACINE, WISCONSIN 53406
0008.001	20220518000435-2	UCC1	5/18/2022	5/18/2027	AMERICAN DAIRY CORPORATION 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	BOIE KIP ALAN 116 EAGLE POINTE RD COLERAINE, MINNESOTA 55722	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
	·	UCC1	5/18/2022	5/18/2027	CAPIN ROSEMARIE AMAYA 14915 SW 48 TER VILLA F MIAMI, FLORIDA 33185	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
	·	UCC1	5/18/2022	5/18/2027	CHEBOYGAN HYDRO SERVICES LLC 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	CHEBOYGAN WAREHOUSE SERVICES LLC 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	DCL GROUP L.L.C. 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	EVENTSBYROSEMARIE 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	GREAT LAKES TISSUE CO 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	HOUSESIMPLE CORPORATION 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708

Case 1:23-cv-10564-LJM-PTM ECF No. 27-6, PageID.416 Filed 04/16/23 Page 5 of 27

Results for Michigan UCC Search By Company Name - Active

Subject: The Great Lakes Tissue Company Search Criteria: Great Lakes Tissue Company

GroupID	Filing Number	Category	Filing Date	Exp Date	Debtor Name	Secured Party
		UCC1	5/18/2022	5/18/2027	LAKEWIND HOMES I LP 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	ROSE STAR GROUP. LLC 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	ROSETAR LLC 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	THE GREAT LAKES TISSUE COMPANY 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	THE GREAT TISSUE GROUP LLC. 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	5/18/2022	5/18/2027	TROUT LAKE ENTERPRISES LLC 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
0009.001	20220603000739-2	UCC1	6/3/2022	6/3/2027	BOIE KIP ALAN 116 EAGLE POINTE RD # 507 COLERAINE, MINNESOTA 55722	C T CORPORATION SYSTEM AS REPRESENTATIVE 330 N BRAND BLVD SUITE 700; ATTN SPRS GLENDALE, CALIFORNIA 91203
		UCC1	6/3/2022	6/3/2027	THE GREAT LAKES TISSUE COMPANY 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	C T CORPORATION SYSTEM AS REPRESENTATIVE 330 N BRAND BLVD SUITE 700; ATTN SPRS GLENDALE, CALIFORNIA 91203
0010.001	20220623001023-9	UCC1	6/23/2022	6/23/2027	BOIE KIP ALAN 116 EAGLE POINTE ROAD COLERAINE, MINNESOTA 55722	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
		UCC1	6/23/2022	6/23/2027	THE GREAT LAKES TISSUE COMPANY DBA THE GREAT LAKES TISSUE COMPANY 437 SOUTH MAIN STREET CHEBOYGAN, MICHIGAN 49721	CORPORATION SERVICE COMPANY AS REPRESENTATIVE P.O. BOX 2576 UCCSPREP@CSCINFO.COM SPRINGFIELD, ILLINOIS 62708
0011.001	20220715000231-9	UCC1	7/15/2022	7/15/2027	BOIE KIP ALAN 116 EAGLE POINTE ROAD COLERAINE, MINNESOTA 55722	SILVERLINE SERVICES INC. 265 SUNRISE HIGHWAY SUITE 236 ROCKVILLE CENTRE, NEW YORK 11570

Case 1:23-cv-10564-LJM-PTM ECF No. 27-6, PageID.417 Filed 04/16/23 Page 6 of 27

Results for Michigan UCC Search By Company Name - Active

Subject: The Great Lakes Tissue Company Search Criteria: Great Lakes Tissue Company

GroupID	Filing Number	Category	Filing Date	Exp Date	Debtor Name	Secured Party
		UCC1	7/15/2022	7/15/2027	THE GREAT LAKES TISSUE COMPANY DBA GREAT LAKES TISSUE COMPANY AND THE GREAT LAKES TISSUE 437 S MAIN ST CHEBOYGAN, MICHIGAN 49721	SILVERLINE SERVICES INC. 265 SUNRISE HIGHWAY SUITE 236 ROCKVILLE CENTRE, NEW YORK 11570
0012.001	20220824000063-7	UCC1	8/24/2022	8/24/2027	THE GREAT LAKES TISSUE COMPANY 437 S. MAIN STREET CHEBOYGAN, MICHIGAN 49721	MACALLISTER MACHINERY CO. INC. DBA MICHIGAN CAT 24800 NOVI ROAD NOVI, MICHIGAN 48375
0013.001	20220829000308-2	UCC1	8/29/2022	8/29/2027	THE GREAT LAKES TISSUE COMPANY 437 S. MAIN ST CHEBOYGAN, MICHIGAN 49721	BANK OF THE WEST 1625 W. FOUNTAINHEAD PKWY AZ-FTN-10C-A AZ-FTN-10C-A TEMPE, CALIFORNIA 85282

End of Report

UCC FINANCING STATEMENT		Michiga	ın Departr	nent of State - Uniform C	Commercial Code
FOLLOW INSTRUCTIONS			Filing 1	Number: 20161130000	077-4
A. NAME & PHONE OF CONTACT AT FILER (optional)				e and Time: 11/30/2016 (
First Federal of Northern Michigan				otal Number of Pages: 1	
B. E-MAIL CONTACT AT FILER (optional)				•	
UCC@first-federal.com			(This do	cument was filed electro	nically)
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)					
First Federal of Northern Michigan					
468 N Ripley Blvd					
Alpena, MI 49707 USA					
		THE ABOVE	SPACE IS	FOR FILING OFFICE U	SEONLY
DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use exact, tult is	on Free bar objects				
name will not fit in line 15, leave all of item 1 blank, check here [] and provide t	he Individual Debtar i	information in item 10 of p	na Financing	i Statement Addendum (Form	n UCC1Ad)
19. ORGANIZATION'S NAME The Great Lakes Tissue Company					
OR	Tener sensous	. 1.15	1		
Ib, INDIVIDUAL'S SURMAME	FIRST PERSONAL N	AME	VOULK	NAL NAME(SI/INITIAL(S)	SUFFIX
1c. MAILING ADORESS	CTTY		STATE	POSTAL CODE	COUNTRY
437 S Main St	Cheboygan		MI	49721	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) tise exact, this mame will not fit in time 2b, feave sit of tiem 2 blank, check here and provide to 2a, ORGANIZATION'S NAME					
OR 25. INDIVIDUAL'S SURNAME	FIRST PERSONALNA	AME	ADDITIO	MAL NAME(S)/INITVAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY .		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	RED PARTY): Provide	only one Secured Party	name (Ja o	(30)	***************************************
3s. ORGANIZATIONS NAME First Federal of Northern Michigan	angles y sits be medicionally supply apply by make a self-of-the behavior to apply a			окальных для в таков бивовителя раздуку отна узор, также подположения задачая отна учение на	And the state of t
OR 31. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	AODITIO	NAL NAME(S)/NITIAL(S)	SUFFIX
36. MAILING ADDRESS 468 N Ripley	Alpena		STATE MI	49707	USA
4. COLLATERAL: This financing statement covers the tollowing collateral: All Equipment; whether any of the foregoing is owned now relating to any of the foregoing; all records of any kind rela- ted to the foregoing is all records of any kind relating to any kind relating to any of the foregoing; all records of any kind relating to any of the foregoing.			addition	s, replacements, and	substitutions
5. Check arrivit applicable and check arrivane box: Collateral isIndd in a Trust (sex	: NGC 10kd , idem: 17 ank	I histructions) [] being a	lminis tered t	ny a Decodents Personal Rep	resentative
6a. Check only if applicable and check only one box! Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transn			applicable and check <u>only</u> o at Lien - \(Non-UCC Film	
7. ALTERNATIVE DESIGNATION (if applicable): Leasee/Leaser	onsignee/Consignor	Seller/Buyer	☐ Balfee!	Baitor 🔲 Licensee/Lic	XMSX
8. OPTIONAL FILER REFERENCE DATA:		,	,,		

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	A STATE OF THE STA					
	C FINANCING STATEMENT AMENDMENT LOWINSTRUCTIONS		Michigan D	Pepartme	nt of State - Uniform Con	nmercial Code
	NAME & PHONE OF CONTACT AT FILER (optional)		1 F	iling N	umber: 2020040200049	97-4
	Amber Ansell		Filir	**	and Time: 04/02/2020 04:	15 PM
,	E-MAIL CONTACT AT FILER (optional) aansell@bankmbank.com			То	tal Number of Pages: 1	
	SEND ACKNOWLEDGEMENT TO: (Name and Address)		(7	This docu	iment was filed electronic	ally)
1	Amber Ansell					
	130 South Cedar St Manistique, MI 49854 USA					
	manistique, in 40004 007		THE ABOVE SP	ACE IS F	OR FILING OFFICE USE ON	ILY
	NITIAL FINANCING STATEMENT FILE NUMBER 0161130000077-4	or rec	INANCING STATEMENT AMEN orded) in the REAL ESTATE RI attach Amendment Addendum (ECORDS	•	ame in item 13
2. 🔽	₹ TERMINATION: Effectiveness of the Financing Statement Identified above Statement					
з. Г	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected co		ssignee in item 7c <u>and</u> name of	f Assignor	in item 9	
4. Г	CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ove with respect to	the security interest(s) of Secu	red Party	authorizing this Continuation	Statement is
	PARTY INFORMATION CHANGE:					
		ese three boxes to me and/or address:	parties .	Complete	item DELETE name: Give	e record name
		; <u>and</u> item 7a or 7b	and item 7c 7a or 7b, and		to be deleted in item	
_	JRRENT RECORD INFORMATION: Complete for Party Information Char isa, ORGANIZATION'S NAME	nge - provide only g	one name (6a or 6b)	·		
OR -						
) e	SID, INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Chai	nge - provide only <u>one</u> n	ame (7a or 7b) (use exact, full name; do	not amit, m	odily, or abbreviate any part of the De	ebtor's name)
7	a. ORGANIZATION'S NAME					
OR 7	b. INDIVIDUAL'S SURNAME					
ľ	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. M	IAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. 1	COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	DELETE collateral F	RESTATE	covered collateral T ASS	SIGN collateral
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	MENDMENT: Pr	rovide only <u>one</u> name (9a or 9b) (name o	f Assignor, if this is an Assign	nment)
Ţ	this is an Amendment authorized by a DEBTOR, check here f and provide and ordinary and provide and pro	name of authorizin	g Debtor		-	
OR-	95, INDIVIDUAL'S SURNAME	FIRST PERSONAL I	NIA 12	ADDITION		SUFFIX
1		FIRST PERSONALT	NAME	ADDI ROM	AL NAME(S)/INITIAL(S)	SOFFIX

U	CC FINANCING STATEMENT AMENDMENT		Michigan I	Departmo	ent of State - Uniform Co	mmercial Code
FO	LLOWINSTRUCTIONS			ilina N	umber: 202108030004	90 A
	NAME & PHONE OF CONTACT AT FILER (optional) MBANK E-MAIL CONTACT AT FILER (optional)			ng Date	and Time: 08/03/2021 11 tal Number of Pages: 1	
<u>ا</u>	scasey@bankmbank.com		,,		ument was filed electroni	ically)
С	SEND ACKNOWLEDGEMENT TO: (Name and Address) MBANK 430 SOUTH CERAR ST		(ims doc	amen was med electrom	cany)
	130 SOUTH CEDAR ST Manistique, MI 49854 USA					
_			THE ABOVE SF	ACE IS F	OR FILING OFFICE USE O	NLY
	INITIAL FINANCING STATEMENT FILE NUMBER 20161130000077-4	or reco	NANCING STATEMENT AME orded) in the REAL ESTATE R ttach Amendment Addendum (ECORDS		name in item 13
2.	TERMINATION: Effectiveness of the Financing Statement identified a Statement	bove is terminated with	respect to the security interes	l(s) of Se	cured Party authorizing this	Termination
3.	ASSIGNMENT (full or partial): Provide name of Assignee in item 7a of For partial assignment, complete items 7 and 9 and also indicate affected		ssignee in item 7c <u>and</u> name o	f Assigno	r in item 9	
4. [CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect to	the security interest(s) of Secu	red Party	authorizing this Continuation	n Statement is
5.	PARTY INFORMATION CHANGE:			will make the second of	ak alam ki kasa diki kasi sa kaksani kasani kasani kabili ja jajaka jalaya na ayai	
С	THE STATE OF THE BOXOG	of these three boxes to: E name and/or address:	and a	Complete	item DELETE name: Gi	ve record name
TI	free free	or 6b; <u>and</u> item 7a or 7b <u>a</u>	· · · · · · · · · · · · · · · · · · ·		to be deleted in ite	
	CURRENT RECORD INFORMATION: Complete for Party Information (6a. ORGANIZATION: S NAME	Change - provide only o	ne name (6a or 6b)			
	Va. ONORHIZATION STYRING					
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. (CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information	Change - provide only <u>one</u> na	ame (7a or 7b) (use exact, full name; do	not omit, m	odify, or abbreviate any part of the C	Peblor's name)
	7a. ORGANIZATION'S NAME					
OR	7b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8.	COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral 5	ESTATE	covered collateral AS	SIGN collateral
٠.	Indicate collateral:	7.55 33.14.074.				Orom sonatore.
	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT: Pr	ovide only <u>one</u> name (9a or 9b) (name d	of Assignor, if this is an Assig	nment)
ì	f this is an Amendment authorized by a DEBTOR, check here and prov 9a. ORGANIZATION'S NAME mBank	vide name of authorizing	g Debtor	·		
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	JAME	ADDITION.	AL NAME(S)/INITIAL(S)	SUFFIX
10	OPTIONAL FILER REFERENCE DATA:					
10.	CREAT LAKES TISSUE COMPANY					

UCC FINANCING STATEMENT		Michig	gan Departn	nent of State - Uniform	Commercial Code
A. NAME & PHONE OF CONTACT AT FILER (optional)			Filing 1	Number: 2018101600	0435-3
Corporation Service Company 800-858-5294		Filing Date and Time: 10/16/2018 12:02 PM Total Number of Pages: 1			
B. E-MAIL CONTACT AT FILER (optional)					
FilingDept@cscinfo.com			(This do	cument was filed electr	onically)
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)					
Corporation Service Company 801 Adlai Stevenson Dr					
Springfield, IL 62703 USA					
		THE ADOLE	2242510	500 EU INO 055105 I	(OF ON) 1
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full n	name: do not amit, mad			FOR FILING OFFICE L	
name will not fit in line 1b, leave all of item 1 blank, check here [] and provide					
18. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
437 S Main St	CHEBOYGAN		MI	497211999	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n					
name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	the Individual Debtor in	formation in item 10 of	the Financing	Statement Addendum (Fo	m UCC1Ad)
OR	.,				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURITY) ORGANIZATION'S NAME 	RED PARTY): Provide	only one Secured Part	y name (3a o	- 3b)	
DE LAGE LANDEN FINANCIAL SERVICES, INC.	Tripor propositi				
3b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	VIE.	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c MAILING ADDRESS 1111 OLD EAGLE SCHOOL ROAD	CITY WAYNE		STATE PA	POSTAL CODE 19087	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:		NO EAD DEDTA		LANT TO OFFILE	D. D. A. D. T. (10. 0
ALL EQUIPMENT LEASED OR FINANCED BY SECUR ONTRACT NUMBER 100-10199531, TOGETHER WITH					
S TO OR FOR THE SAME, AND ALL PROCEEDS OF T	HE FOREGOIN	G. LEASE NUME	3ER 100-	10199531	
5 Check poly if annicable and check poly one boy Callabratic Thold in a Tard (or	e IICC1Ad item 17 and	Instructione) [7] hairs	administered b	v a Decadent's Porconal Co	nresentative
 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see 6a. Check <u>only</u> if applicable and check <u>only</u> one box: 	COOLING REIT IT AND		NAME OF THE OWNER	applicable and check only	تتنبيه ماقلتنا النميسي مجمها بجرسبسب
	A Debtor is a Transmi		Agricultur	town	
	onsignee/Consignor	Seller/Buyer	Bailee/	Bailor 🔲 Licensee/L	icensor
8. OPTIONAL FILER REFERENCE DATA: THE GREAT LAKES TISSUE COMPANY [153525794]					

JCC FINANCING STATEMENT		Michigan Departn	nent of State - Uniform C	ommercial Code
OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Rachele N Chapman			Number: 20200316000 e and Time: 03/16/2020 1	
B. E-MAIL CONTACT AT FILER (optional)		-	otal Number of Pages: 1	
Rachele.Chapman@chemicalbank.com		(This do	cument was filed electroi	nically
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)	**************************************	(This do	cument was thea electron	meany)
Rachele N Chapman				
1315 Washington Street				
Midland, MI 48640 USA				
		THE ABOVE SPACE IS	FOR FILING OFFICE US	SE ONLY
1a. ORGANIZATION'S NAME The Great Lakes Tissue Company	ovide the Individual Debtor information i	n item 10 of the Financing St	atement Addendum (Form UC	CC1Ad)
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
1c MAILING ADDRESS 437 S. Main St.	сіту Cheboygan	STATE MI	POSTAL CODE 49721	COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here and pro 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	ovide the Individual Debtor Information		atement Addendum (Form UC	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNO	R SECURED PARTY): Provide only of	ne Secured Party name (3a	or 3b)	
3a ORGANIZATION'S NAME Chemical Bank, a Division of TCF National Ban				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
s. Mailing address PO Box 1527	CITY Midland	STATE MI	POSTAL CODE 48641	COUNTRY
i. COLLATERAL: This financing statement covers the following collate All Equipment	ral:	and the state of t	and the second s	territorio de la constitución de
All Personal Property.				
. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is F held in a	Trust (see UCC1Ad, item 17 and Instruc	tions) being administere	d by a Decedent's Personal R	epresentative
ia. Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Transact	lion		applicable and check <u>only</u> o Iral Lien Non-UCC Fi	
. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer Baile	e/Bailor	icensor
. OPTIONAL FILER REFERENCE DATA: 801465543-1				

	C FINANCING STATEMENT AMENDMENT		Michigan	Departme	ent of State - Uniform Cor	mmercial Code
	LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)		7	Filing N	umber: 202004080000	86-6
	Erin Avery		Fil	ling Date	and Time: 04/08/2020 08:	46 AM
	E-MAIL CONTACT AT FILER (optional) Erin.Avery@chemicalbank.com		7	Т	otal Number of Pages: 1	
	SEND ACKNOWLEDGEMENT TO: (Name and Address)		-	(This doc	ument was filed electronic	cally)
1	Erin Avery					
	1315 Washington St					
	Midland, MI 48640 USA		THE ABOVE S	DACE IS I	FOR FILING OFFICE USE OF	NH V
	NITIAL FINANCING STATEMENT FILE NUMBER 0200316000181-0	(or i	FINANCING STATEMENT AM recorded) in the REAL ESTATE	ENDMENT RECORDS	is to be filed [for record]	
2. [TERMINATION: Effectiveness of the Financing Statement identified above Statement		r: <u>attach</u> Amendment Addendum with respect to the security intere			
3. [ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b For partial assignment, complete items 7 and 9 and also indicate affected co		f Assignee in item 7c <u>and</u> name	of Assigno	r in item 9	
4. ſ	CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law	ove with respect	to the security interest(s) of Sec	cured Party	authorizing this Continuation	Statement is
5. 「						
Ch	eck <u>one</u> of these two boxes: <u>AND</u> Check <u>one</u> of th			e: Complete	item DELETE name: Giv	e record name
Thi		; <u>and</u> item 7a or		nd item 7c	to be deleted in iter	
-	JRRENT RECORD INFORMATION; Complete for Party Information Char a. ORGANIZATION'S NAME	nge - provide onl	y <u>one</u> name (6a or 6b)			
OR 6	b, INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. C	HANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Chair	nge - provide only <u>on</u>	g name (7a or 7b) (use exact, full name;	do not omit, m	odify, or abbreviate any part of the D	eblor's name)
7	a. ORGANIZATION'S NAME					
OR 7	b. INDIVIDUAL'S SURNAME					
ľ	INDIVIDUAL'S FIRST PERSONAL NAME				·····	***************************************
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. N	AILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. [COLLATERAL CHANGE: Also check one of these four boxes: A Indicate collateral:	DD collateral	DELETE collateral	RESTATE (covered collateral ASS	IGN collateral
	All Equipment					
	All Personal Property					
	All Equipment and Purchase Money Security Interest o	n equipmen	t to be purchased.			
~ ··	AME OF OFFICIAL DADTY OF DECODE AUTHORIZING THE	ACNIDNATAIN	Description and the second of the second	Oh I / :	of Anglance Hills and Anglance	amant'
lf [9	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS Aftinis is an Amendment authorized by a DEBTOR, check here and provide and pro			ou) (name (a Assignor, ir mis is an Assig	minera)
ORL	Chemical Bank, a Division of TCF National Bank			1		Tours
	b. INDIVIDUAL'S SURNAME	FIRST PERSONA	IL NAME	AUDITION	AL NAME(S)/INITIAL(S)	SUFFIX
	OPTIONAL FILER REFERENCE DATA:				-	

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Wolters Kluwer Lien Solutions 800-331-3282 B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 USA

Michigan Department of State - Uniform Commercial Code

Filing Number: 20200711000290-8 Filing Date and Time: 07/11/2020 06:22 AM Total Number of Pages: 1

(This document was filed electronically)

		THEAT	BOVE SPACE IS	FOR FILING OFFICE U	SE ONLY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b name will not fit in line 1b, leave all of item 1 blank, check here				
	1a. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	L MAILING ADDRESS 87 S MAIN ST.	CHEBOYGAN	STATE MI	POSTAL CODE 49721	COUNTRY
	DEBTOR'S NAME: Provide only one Debtor name (2a or 2b name will not fit in line 2b, leave all of item 2 blank, check here				
	2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	SECURED PARTY'S NAME (or NAME of ASSIGNEE of Ja. ORGANIZATION'S NAME Kubota Credit Corporation, U.S.A.	ASSIGNOR SECURED PARTY): Provide only one Secu	ured Party name (3a	or 3b)	
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O Box 2046	CITY Grapevine	STATE TX	POSTAL CODE 76099	COUNTRY

5. Check pnly if applicable and check pnly 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 <u>only</u> if applicable and check <u>only</u> one box: Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 75841572	

4. COLLATERAL: This financing statement covers the following collateral: KUBOTA SSV65PH 13738 SSL ISO CANO;

VAN		
	FINANCING STATEMEN	- T
	E & PHONE OF CONTACT AT FILER poration Service Company 800-	
	AIL CONTACT AT FILER (optional) gDept@cscinfo.com	
C SEN	D ACKNOWLEDGEMENT TO: (Name	and Address)

Corporation Service Company 801 Adlai Stevenson Dr Michigan Department of State - Uniform Commercial Code

Filing Number: 20200728000047-8
Filing Date and Time: 07/28/2020 07:43 AM
Total Number of Pages: 1
(This document was filed electronically)

	Springfield, IL 62703 USA					
			THE ABOVE SP	ACE IS	FOR FILING OFFICE U	SE ONLY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full rename will not fit in line 1b, leave all of item 1 blank, check here f and provide the factor of the organization's NAME		dify, or abbreviate any part o ormation in item 10 of the Fina			
	THE GREAT LAKES TISSUE COMPANY					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	L Mailing Address 87 S Main St	CITY Cheboygan		STATE MI	POSTAL CODE 49721	COUNTRY
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full rame will not fit in line 2b, leave all of item 2 blank, check here fand provide the 2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c.	MAILING ADDRESS	CITY	· · · · · · · · · · · · · · · · · · ·	STATE	POSTAL CODE	COUNTRY
	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME Chemical Bank, a division of TCF National Bank	URED PARTY): Prov	ide only <u>one</u> Secured Party o	name (3a	or 3b)	
OR	3b, INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O BOX 1527	CITY Midland		STATE	POSTAL CODE 48641	COUNTRY

5. Check only if applicable and check only one box: Collateral is Theld 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/Bu	ıyer
8. OPTIONAL FILER REFERENCE DATA: [194295764]	

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

All Equipment and Purchase Money Security Interest on equipment to be purchased.

U	OO CINIANOINO OTATEMENT					
FO	CC FINANCING STATEMENT LLOW INSTRUCTIONS		Michigan	Departn	nent of State - Uniform C	ommercial Code
	NAME & PHONE OF CONTACT AT FILER (optional)		1	Filing l	Number: 20210427001	011-3
ı	Wolters Kluwer Lien Solutions 800-331-3282		Fi	ling Dat	e and Time: 04/27/2021 (05:03 PM
В.	E-MAIL CONTACT AT FILER (optional)			7	otal Number of Pages: 1	
	uccfilingreturn@wolterskluwer.com			(This do	cument was filed electro.	nically)
C.	SEND ACKNOWLEDGEMENT TO: (Name and Address)					
	Lien Solutions					
	P.O. Box 29071					
	Glendale, CA 91209-9071 USA		THE ABOVE OF			
Ļ	DESTORIS NAME: Decide and one Debte room (for a 15) (see seed full	anna da ada adi a			FOR FILING OFFICE US	
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full r name will not fit in line 1b, leave all of item 1 blank, check here — and provide th		odity, or abbreviate any part of formation in item 10 of the Fin			
	18. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY					A Programma de la companya de la com
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS 37 S MAIN ST	CHEBOYGAN	V	STATE MI	POSTAL CODE 497211999	COUNTRY
2. [DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r	name; do not omit, mo	odify, or abbreviate any part	of the Det	otor's name); if any part of the	e Individual Debtor's
r	name will not fit in line 2b, leave all of item 2 blank, check here and provide the 2a. ORGANIZATION'S NAME	e Individual Debtor inf	ormation in item 10 of the Fin	ancing St	atement Addendum (Form UC	CC1Ad)
	28. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
		FIRST PERSONAL N	AME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
	2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL N	AME	ADDITIC	NAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
2c.	MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	CITY		STATE	POSTAL CODE	
2c.	MAILING ADDRESS	CITY URED PARTY): Prov		STATE	POSTAL CODE	
2c.	MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME	CITY URED PARTY): Prov	ride only <u>one</u> Secured Party	STATE	POSTAL CODE	
2c. 3. \$	MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECTION OF ASSIGNOR SECTION OF A SECTI	CITY URED PARTY): Prov. FIRST PERSONAL N	ride only <u>one</u> Secured Party	STATE ADDITIC	POSTAL CODE or 3b) NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY SUFFIX COUNTRY
2c. 3. \$	MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME TOYOTA INDUSTRIES COMMERCIAL FINANCE, INC 3b. INDIVIDUAL'S SURNAME	URED PARTY): Prov.	ride only <u>one</u> Secured Party	STATE name (3a	POSTAL CODE or 3b) NAL NAME(S)/INITIAL(S)	COUNTRY
3c. SOR	MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECTION OF ASSIGNOR SECTION OF A SECTI	CITY URED PARTY): Prov. FIRST PERSONAL N CITY Dallas	ride only <u>one</u> Secured Party	STATE ADDITIC	POSTAL CODE or 3b) NAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY SUFFIX COUNTRY

5. Check only if applicable and check only one box: Collateral is Theld 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 <u>only</u> if applicable and check <u>only</u> one box: Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): T Lessee/Lessor T Consignee/Consignor T Seller/Br	ıyer ☐ Bailee/Bailor ☐ Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 80195489	

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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS		Michigan	Departm	nent of State - Uniform C	Commercial Code				
A. NAME & PHONE OF CONTACT AT FILER (optional)			Filing 1	Number; 20220207000	0241-2				
Corporation Service Company 800-858-5294		Filing Date and Time: 02/07/2022 11:22 AM							
B. E-MAIL CONTACT AT FILER (optional)		Total Number of Pages: 1							
FilingDept@cscinfo.com		(This document was filed electronically)							
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)									
Corporation Service Company									
801 Adlai Stevenson Dr									
Springfield, IL 62703 USA		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY							
- PERTODIO NAME D									
 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here in and provide the 		idity, or abbreviate any part o ormation in item 10 of the Fina							
1a. ORGANIZATION'S NAME									
The Great Lakes Tissue Company									
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX				
1c. MAILING ADDRESS 437 S. Main Street	City Cheboygan		STATE MI	POSTAL CODE 497211999	COUNTRY				
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full n name will not fit in line 2b, leave all of item 2 blank, check here and provide the 2a. ORGANIZATION'S NAME		odify, or abbreviate any part o crmation in item 10 of the Fina							
OR CONTRACTOR OF									
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL 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 ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)									
3a. ORGANIZATION'S NAME CNH Industrial Capital America LLC									
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	JAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX						
3c. MAILING ADDRESS 5729 Washington Avenue	CITY Racine			POSTAL CODE 53406	COUNTRY				
4. COLLATERAL: This financing statement covers the following collateral: 2022, New Holland, W50C, Serial No.: FNHW50CSNMFFIRST PRIORITY PURCHASE MONEY SECURITY INTELIMITED TO, ALL ITS IMPROVEMENTS, PARTS, ACCEPROCEEDS, INSURANCE PROCEEDS, PREMIUM REF	EREST IN THE ESSORIES, SU	FOREGOING EQUI	PMEN.	T, AND INCLUDING	BUT NOT				
5. Check only if applicable and check only one box: Collateral is held in a Trust (see	see UCC1Ad, item 17 a	and Instructions) T being ac	Iministere	d by a Decedent's Personal F	Representative				
6a. Check only if applicable and check only one box: Public-Finance Transaction									
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consigno	r 「Seller/Buyer 「	Baile	e/Bailor 🗀 Licensee/	icensor				
8. OPTIONAL FILER REFERENCE DATA: [226375052]					Alberskilden bleek bereining bestellt (1900-120 From 1900-120 From 1900-				

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Market State of the State of th									
UCC FINANCING STATEMENT		Michigan Department of State - Uniform Commercial Code							
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)		Filing Number: 20220518000435-2							
Corporation Service Company 800-858-5294		Filing Date and Time: 05/18/2022 12:09 PM							
B. E-MAIL CONTACT AT FILER (optional)		Total Number of Pages: 6							
FilingDept@cscinfo.com		(This document was filed electronically)							
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)		1	,						
Corporation Service Company									
801 Adlai Stevenson Dr									
Springfield, IL 62703 USA									
				THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					
 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here in and provide the 					r's name); if any part of the ment Addendum (Form UC				
1a. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY									
OR Th. INDIVIDUAL'S SURNAME	Tripor propositi								
10. INDIVIDUALS SURNAME	FIRST PERSONAL NAME		AU	ADDITIONAL NAME(S)/INITI		SUFFIX			
1c. MAILING ADDRESS 437 S MAIN ST	CITY CHEBOYGAN		ST.		POSTAL CODE 19721	COUNTRY			
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full r	l name; do not omit, m	odify, or abbreviate a	ny part of th	e Debto	r's name); if any part of the	Individual Debtor			
	e Individual Debtor in	formation in item 10 o	of the Financi	ng State	ment Addendum (Form UC	C1Ad)			
2a. ORGANIZATION'S NAME LAKEWIND HOMES I, LP									
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		AD	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
2c, MAILING ADDRESS 437 S MAIN ST	CHEBOYGAN		ST M		POSTAL CODE 19721	COUNTRY			
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Pro-	vide only <u>one</u> Secure	d Party nam	e (3a or	3b)				
3a. ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, AS REPRES	SENTATIVE								
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
3c MAILING ADDRESS P.O. Box 2576 UCCSPREP@CSCINFO.COM	CITY Springfield	l		STATE IL	POSTAL CODE 62708	COUNTRY			
4. COLLATERAL: This financing statement covers the following collateral: COLLATERAL: This financing statement covers the f ACCOUNTS AND THE DIRECT AND INDIRECT PROCE DEBTOR AND SECURED PARTY, DEBTOR HAS AGR HEREIN. THE FURTHER ENCUMBERING OF WHICH SECURED PARTY'S RIGHT BY SUCH ENCUMBRANC INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAP! SECURED PARTY ASSERTS A CLAIM TO ANY PROC	EEDS THERECEED NOT TO I MAY CONSTITES IN THE EVER OR GENER	OF. NOTICE PU FURTHER ENC UTE THE TOR ENT THAT AN RAL INTANGIB	JRSUAN CUMBER TUOUS IY ENTIT BLES CO	T TO THE INTER Y IS (AN AGREEMENT COLLATERAL DE RFERENCE WITH GRANTED A SECU ARY TO THE ABOV	BETWEEN SCRIBED THE JRITY			
5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is \(\sum_{\text{in}} \) held in a Trust (s	ee UCC1Ad, item 17	end Instructions)	being admir	nistered I	by a Decedent's Personal R	presentative			
6a. Check only if applicable and check only one box:		***************************************	-	بسينسيند عسره	pplicable and check only or				
	nsmitting Utility Agricultural Lien Non-UCC Filing								

8. OPTIONAL FILER REFERENCE DATA: [232328426]

7. ALTERNATIVE DESIGNATION (if applicable): T Lessee/Lessor T Consignee/Consignor T Seller/Buyer T Bailbee/Bailor

Licensee/Licensor

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ${\sf T}$ THE GREAT LAKES TISSUE COMPANY 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 19a, ORGANIZATION'S NAME AMERICAN DAIRY CORPORATION 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 19c. MAILING ADDRESS POSTAL CODE COUNTRY 437 S MAIN ST CHEBOYGAN MI 49721 USA 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a ORGANIZATION'S NAME DCL GROUP, L.L.C. 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) COUNTRY CHEBOYGAN 437 S MAIN ST MI 49721 USA 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name: do not omit, modify, or abbreviate any part of the Debtor's name) GREAT LAKES TISSUE CO OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE MI COUNTRY 21c MAILING ADDRESS CHEBOYGAN POSTAL CODE 437 S MAIN ST 49721 22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22b, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE | POSTAL CODE 22c. MAILING ADDRESS COUNTRY ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME 23b, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS STATE POSTAL CODE COUNTRY

24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS						
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement	ent; if li	ne 1b was left blank				
because Individual Debtor name did not fit, check here						
18a. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY						
THE STEAT EARLY HOUSE SOME ANY						
OR 18b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
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19a. ORGANIZATION'S NAME		o oxact, rain hame, do :	tot offit, modify, of	abbieviae	c any part of the Debtor's harr	-
TROUT LAKE ENTERPRISES, LLC						
19b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
437 S MAIN ST		BOYGAN		MI	49721	USA
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2	20b) (us	e exact, full name; do i	not omit, modify, or	abbreviat	e any part of the Debtor's nam	ne)
20a. ORGANIZATION'S NAME HOUSESIMPLE CORPORATION						
OR 20b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS 437 S MAIN ST	CHE	BOYGAN		STATE MI	POSTAL CODE 49721	COUNTRY
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	1b) (use	e exact, full name; do r	ot omit, modify, or a	abbreviate	any part of the Debtor's nam	e)
21a. ORGANIZATION'S NAME CHEBOYGAN WAREHOUSE SERVICES, LLC						
OR 21b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
21c, MAILING ADDRESS 437 S MAIN ST	CHE	BOYGAN		STATE	POSTAL CODE 49721	COUNTRY
						OUA
22. ADDITIONAL SECURED PARTY'S NAME of ASSIGN 228. ORGANIZATION'S NAME	IOR S	ECURED PARTY'S	S NAME: Provide	only <u>one</u> r	name (22a or 22b)	
ELS. CHOMIS HOLOWING						
OR 22b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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22c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
23, F ADDITIONAL SECURED PARTY'S NAME or ASSIGN	JOR S	ECURED PARTY	S NAME: Provide of	only one r	l	<u> </u>
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OR 23b, INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	TSUFFIX
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24. MISCELLANEOUS:						

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here THE GREAT LAKES TISSUE COMPANY 18b. INDIVIOUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 19a, ORGANIZATION'S NAME CHEBOYGAN HYDRO SERVICES, LLC 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 19c MAILING ADDRESS STATE POSTAL CODE COUNTRY 437 S MAIN ST CHEBOYGAN MI 49721 USA 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a ORGANIZATION'S NAME THE GREAT TISSUE GROUP, LLC. 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX POSTAL CODE CHEBOYGAN 437 S MAIN ST MI 49721 USA 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a, ORGANIZATION'S NAME ROSETAR LLC OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c. MAILING ADDRESS CHEBOYGAN STATE POSTAL CODE COUNTRY 437 S MAIN ST 49721 USA MI 22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME OR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 23c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

24. MISCELLANEOUS:

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here Γ THE GREAT LAKES TISSUE COMPANY 18b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SHEELX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) ROSE STAR GROUP, LLC OR 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX POSTAL CODE COUNTRY CHEBOYGAN МІ 437 S MAIN ST 49721 USA 20. ADDITIONAL DEBTOR'S NAME: Provide only ong Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) **EVENTSBYROSEMARIE** 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 437 S MAIN ST CHEBOYGAN MI 49721 USA 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a, ORGANIZATION'S NAME 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Boie Kip Alan 21c. MAILING ADDRESS COUNTRY USA Coleraine 55722 116 Eagle Pointe Rd MN ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) ADDITIONAL SECURED PARTY'S NAME or 22a, ORGANIZATION'S NAME 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a ORGANIZATION'S NAME OR 23b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME

CITY

POSTAL CODE

COUNTRY

23c. MAILING ADDRESS

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here THE GREAT LAKES TISSUE COMPANY 18b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 19a, ORGANIZATION'S NAME 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Capin Rosemarie Amaya 19c. MAILING ADDRESS STATE CITY POSTAL CODE COUNTRY 14915 SW 48 TER VILLA F Miami FL 33185 USA 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME OR 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 20c. MAILING ADDRESS POSTAL CODE COUNTRY 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME OR 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21c, MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 22. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME OR 23b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

CITY

STATE POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

23c. MAILING ADDRESS

UCC FINANCING STATEMENT		Mic	higan Departm	nent of State - Uniform	Commercial Code
FOLLOW INSTRUCTIONS		•	Filing N	Number: 2022060300	0730 2
A. NAME & PHONE OF CONTACT AT FILER (optional) Wolters Kluwer Lien Solutions 800-331-3282				and Time: 06/03/2022	
B. E-MAIL CONTACT AT FILER (optional)			-	otal Number of Pages:	
uccfilingreturn@wolterskluwer.com			(This do	cument was filed electr	onically)
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)					,,,
Lien Solutions P.O. Box 29071					
Glendale, CA 91209-9071 USA					
		THE ABO\	VE SPACE IS	FOR FILING OFFICE U	JSE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, fu					
name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME	the Individual Debtor In	formation in item 10 of	the Financing Sta	ntement Addendum (Form L	JCC1Ad)
THE GREAT LAKES TISSUE COMPANY					
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	IAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 437 S MAIN ST	CHEBOYGAI	٧	STATE MI	POSTAL CODE 49721	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, fu	ill name; do not omit, m	odify, or abbreviate an	y part of the Deb	tor's name); if any part of t	he Individual Debtor
name will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	the Individual Debtor in	formation in item 10 of	the Financing Sta	atement Addendum (Form l	JCC1Ad)
OR					
2b, INDIVIDUAL'S SURNAME BOIE	FIRST PERSONAL N	IAME	ALAN	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 116 EAGLE POINTE RD # 507	COLERAINE		STATE MN	POSTAL CODE 55722	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE 3a. ORGANIZATION'S NAME	ECURED PARTY): Pro	vide only <u>one</u> Secured	Party name (3a	or 3b)	
C T Corporation System, as representative					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	IAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
330 N Brand Blvd, Suite 700; Attn: SPRS	Glendale		CA	91203	USA
4. COLLATERAL: This financing statement covers the following collateral: All assets now or hereafter acquired and wherever assets: a. Accounts, including but not limited to, crinstruments, including but not limited to, promisso letter of credit rights; j.general intangibles; k. supp PURSUANT TO AN AGREEMENT BETWEEN DEBTOENCUMBER THE COLLATERAL DESCRIBED HERE TORTUOUS INTERFERENCE WITH THE SECURED ENTITY IS GRANTED A SECURITY INTEREST IN DE CONTRARY TO THE ABOVE, THE SECURED PART'S SUCH ENTITY.	redit card receivery notes; f. investing obligation of AND SECURIN, THE FURTHIPPARTY'S RIGHTERTOR'S ACCOL	/ables b.chatte estment proper ns; proceeds o ED PARTY, DEF ER ENCUMBER BY SUCH ENC JNTS, CHATTE	el paper c. i rty; g. docu of products BTOR HAS RING OF WH CUMBRANC L, PAPER (nventory d. equip ments h. deposit of the foregoing. AGREED NOT TO HICH MAY CONST E IN THE EVENT OR GENERAL INTA	ment e. accounts; i. NOTICE FURTHER ITUTE THE THAT ANY ANGIBLES
5. Check only if applicable and check only one box: Collateral is Theld in a Trust	t (see UCC1Ad, item 17	and Instructions) T t	being administere	d by a Decedent's Personal	Representative
6a. Check only if applicable and check only one box:		6	b. Check only if	applicable and check only	one box:

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 800-858-5294		F	iling N	ent of State - Uniform Co Jumber: 202206230010 and Time: 06/23/2022 0	023-9
B. E-MAIL CONTACT AT FILER (optional) FilingDept@cscinfo.com C. SEND ACKNOWLEDGEMENT TO: (Name and Address Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703 USA	s)	·	This do	otal Number of Pages: 1 cument was filed electron FOR FILING OFFICE US	,,
1a. ORGANIZATION'S NAME	provide the Individual Debtor infor	fy, or abbreviate any part of matlon in item 10 of the Finar	the Deb	tor's name); if any part of the	Individual Debtor
The Great Lakes Tissue Company DBA The Company	FIRST PERSONAL NA		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 437 South Main Street	CITY Cheboygan		STATE MI	POSTAL CODE 49721	COUNTRY
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME Boie 2c. MAILING ADDRESS	provide the Individual Debtor infor	mation in item 10 of the Finar	ADDITION AIAN STATE	tement Addendum (Form UC VAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX COUNTRY
116 Eagle Pointe Road 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNE		<u>l</u> e only <u>one</u> Secured Party na		ONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. Box 2576 uccsprep@cscinfo.com	CITY Springfield		STATE	POSTAL CODE 62708	COUNTRY
4. COLLATERAL: This financing statement covers the following colli-	ess as seller, and purc	hased by Oak Adva	nce l	ted 06/16/2022 (the	
Certain future receivables sold by said busine certain purchase and sale of future receivable "agreement and all subsequent Oak Advance agreement is intended by the parties thereto t is it to be constructed as, a financing or an assistatement is filed for notice purposes only.	LLC, agreements "). to be an outright sale of	he sale of the futur of such future rece	e rece ivable	s and not intended	to be, nor

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: [234621390]

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor

UCC FINANCING STATEMENT		Michiga	n Departi	ment of State - Uniform C	Commercial Code
FOLLOW INSTRUCTIONS		-	Filing	Number 2022071500	0231.0
A. NAME & PHONE OF CONTACT AT FILER (optional)			_	Number: 20220715000	
Corporation Service Company 800-858-529- B. E-MAIL CONTACT AT FILER (optional)	4	1	•	te and Time: 07/15/2022 Total Number of Pages: 1	
FilingDept@cscinfo.com					
C. SEND ACKNOWLEDGEMENT TO: (Name and Addr	ess)		(1his de	ocument was filed electro	ntically)
Corporation Service Company					
801 Adlai Stevenson Dr					
Springfield, IL 62703 USA					
		THE ABOVE S	PACE IS	FOR FILING OFFICE U	SE ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us					
18. ORGANIZATION'S NAME	and provide the Individual Debtor in				CC1Ad)
The Great Lakes Tissue Company DBA Gre	eat Lakes Tissue Comp	any and The Grea	t Lakes	s Tissue	
OR 1b, INDIVIDUAL'S SURNAME	FIRST PERSONAL N	IAME	ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		07175	Income cons	- COUNTRY
437 S main St	Cheboygan		STATE	POSTAL CODE 49721	COUNTRY USA
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Boie 2c. MAILING ADDRESS 116 Eagle Pointe Road 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS SILVETION'S NAME SILVETION'S NAME SILVETION'S NAME 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 265 Sunrise Highway, Suite 236	FIRST PERSONAL N Kip Alan CITY Coleraine IGNOR SECURED PARTY): Prov FIRST PERSONAL N CITY Rockville Ce	vide only <u>one</u> Secured Part VAME	STATE MN / name (3a	POSTAL CODE 55722 a or 3b) DNAL NAME(S)/INITIAL(S) POSTAL CODE 11570	SUFFIX COUNTRY USA SUFFIX COUNTRY USA
4. COLLATERAL: This financing statement covers the following of Certain future receivables sold by said busi that certain purchase and sale of future receivagreement")	ness seller and purcha				
5. Check only if applicable and check only one box: Collateral is hel	d in a Trust (see UCC1Ad, item 17 a	and Instructions) being	administer	ed by a Decedent's Personal I	Representative
6a. Check only if applicable and check only one box:	y			f applicable and check only	
Public-Finance Transaction Manufactured-Home Tra			Agricult		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Le	ssor Consignee/Consigno	or Seller/Buyer	Baile	e/Bailor Licensee/	Licensor

8. OPTIONAL FILER REFERENCE DATA: [235948914]

States a plantification and plantification of the state o					
UCC FINANCING STATEMENT		Michigan I	Departm	ent of State - Uniform Co	mmercial Code
FOLLOW INSTRUCTIONS A NAME & DUONE OF CONTACT AT EUED (college)		ı F	iling N	umber: 202208240000	63-7
A. NAME & PHONE OF CONTACT AT FILER (optional) Daniel Smith			•	and Time: 08/24/2022 09	
B. E-MAIL CONTACT AT FILER (optional)			To	otal Number of Pages: 1	
dan.smith@michigancat.com		(This doc	ument was filed electroni	cally)
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)					
Daniel Smith					
7700 Caterpillar Ct					
Grand Rapids, MI 49548 USA		THE ABOVE OF	OE 10 E	OR FILING OFFICE USE	ONLY
4 DEPTODIC NAME Devide of the Debt of the Control o		<u> </u>			
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here) and provide the line 1b.		odify, or abbreviate any part of formation in item 10 of the Fina			
1a ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	LADOITIO	DNAL MAAAT (CMBITIAL (C)	SUFFIX
IB. INDIVIDUAL S SUNIVABLE	FINST PERSONAL	INAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
437 S. MAIN STREET	Cheboygan		МІ	49721	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here in and provide the 2a. ORGANIZATION'S NAME		odify, or abbreviate any part of formation in item 10 of the Fina			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
20. INCLIVIDUAL S SURVANILE	FIRST PERSONAL	NAME	AODITIC	JNAL NAME(S)MINITIAL(S)	SUPPIA
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECUR	DED DARTY): Bros	ido only one Secured Darty n	ama /2a e	or 3h)	
3a. ORGANIZATION'S NAME		nde drily drie decured Farty In	anie (sa c	30)	
MACALLISTER MACHINERY CO., INC. DBA MICHIGAI					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
24800 NOVI ROAD	Novi		MI	48375	USA
4. COLLATERAL: This financing statement covers the following collateral:					
1-CATERPILLAR MODEL 926M S/N: LTE05379					
And substitutions, replacements, additions and accessions thereto, now ow	ned or hereafter :	ecquired and proceeds there	of The	ahova collatoral is within th	a scone of
Article 9 of the Uniform Commercial Code	neu of flereatter a	icquirea and proceeds there	oi. ine	above conaceraris within ti	ie scope oi
5. Check only if applicable and check only one box: Collateral is Theld in a Trust (see	UCC1Ad, item 17 a	and Instructions) being adi	ministered	l by a Decedent's Personal Re	presentative
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Tr			pplicable and check <u>only</u> one al Llen — Non-UCC Filin	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Co	onsignee/Consigno	r 🛘 Seller/Buyer 🗸	Bailee	/Bailor	ensor
8. OPTIONAL FILER REFERENCE DATA:		And the second s			;

UCC FINANCING STATEMENT		Michiga	n Departn	nent of State - Uniform (Commercial Code
FOLLOW INSTRUCTIONS		ı	Filing N	Number: 2022082900	03082
A. NAME & PHONE OF CONTACT AT FILER (optional) Wolters Kluwer Lien Solutions 800-331-3282		F	_	e and Time: 08/29/2022	
B. E-MAIL CONTACT AT FILER (optional)			_	otal Number of Pages: 1	
uccfilingreturn@wolterskluwer.com				cument was filed electro	
C. SEND ACKNOWLEDGEMENT TO: (Name and Address)			(THIS GO	cument was thea electro	ппсану)
Lien Solutions					
P.O. Box 29071					
Glendale, CA 91209-9071 USA					
				FOR FILING OFFICE U	
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full n name will not fit in line 1b, leave all of item 1 blank, check here 1 and provide the				otor's name); if any part of th atement Addendum (Form U	
1a, ORGANIZATION'S NAME	ic marvidal Debiol III	official for the first	rancing ou	atement Addendant (Form O	GC (Au)
THE GREAT LAKES TISSUE COMPANY					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
437 S. MAIN ST	CHEBOYGAN	1	MI	49721	USA
name will not fit in line 2b, leave all of item 2 blank, check here and provide the 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME	e Individual Debtor inf			atement Addendum (Form Ui NAL NAME(S)/INITIAL(S)	CC1Ad)
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURIES OF ASSIGNOR SECURITY OF THE WEST OR THE WEST OF					
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL I	IAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
oc MAILING ADDRESS 1625 W. Fountainhead Pkwy, AZ-FTN-10C-A, AZ-FTN-10C-A	CITY Tempe		STATE	POSTAL CODE 85282	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: CATERPILLAR 926M HL SN:LTE05379and all related limited to those items and proceeds thereof, set fortly addendums and schedules to the agreement. Agreed the agreement of the agreement of the agreement.	h in the agree	ment listed below			
5. Check only if applicable and check only one box: Collateral is Theld in a Trust (s	ee UCC1Ad, item 17 a	nd Instructions) being :	administere	d by a Decedent's Personal F	Representative

Seller/Buyer

Bailee/Bailor

Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

88452570

iLien Cover Page

Date Printed: 09/27/2022

Debtor:

THE GREAT LAKES TISSUE COMPANY 437 S. MAIN ST. CHEBOYGAN, MI 49721

Cost Center #: 611400 Obligor #: 8004210736 Collateral Type:

Collateral Description Abbreviation:

SBA Group #: Obligation #:

Collateral Item #: PS-1008449 Collateral Filing Reference #:

iLien File #: 84840126

Order Confirmation #: 88998306

UserID: 259966

UserName: TRACY CHARLTON
Number of Collateral Pages Attached: 0

Transaction Type: Termination
Jurisdiction: MI, Department of State

UCC	FINANCING STATEMENT AME	NDMENT					
A. NAI Name B. E-M U C. SEI	DINANCING STATEMENT AME OW INSTRUCTIONS ME & PHONE OF CONTACT AT FILER (optional) Street Wolters Kluwer Lien Solutions Phone: 800-33 MAL CONTACT AT FILER (optional) Cocfilingreturn@wolterskluwer.com ND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 File with: Department of Statistical Statistics of Statistics Stat	31-3282 Fax: 8 19133 - HUNT 88998: MIMI	TINGTON 306	File Nu File Da THE ABOVE SPA	ing is Comber: 27-4	ompleted 0220927000337-5 Sep-2022 OR FILING OFFICE USI ENDMENT Is to be filed (for	
-	0316000181-0 3/16/2020 SS MI ERMINATION: Effectiveness of the Financing Statement	identified above is	s terminated with r			ENDMENT is to be filed (for RECORDS rm UCC3Ad) and provide Debto	
	Statement SSIGNMENT (full or partial): Provide name of Assignee I		···				
F	for partial assignment, complete Items 7 and 9 and also in CONTINUATION: Effectiveness of the Financing Statemen	ndicate affected co	ollateral in item 8				atement is
C	continued for the additional period provided by applicable to PARTY INFORMATION CHANGE:		With respect to the	o bodanty interestica, or costal oc	Trans out	HOLERS WAS COMMISSION C	atomont is
Chec This	k <u>one</u> of these two boxes: Change affects Debtor or Secured Party of record	CHANC item 6a		dress: Complete or 7b and item 7c ADD nar 7a or 7b,	ne: Comple and item 7		Give record name tem 6a or 6b
ба	RENT RECORD INFORMATION: Complete for Party Info	mation Change - p	provide only <u>one</u> r	name (6a or 6b)			
~-	HE GREAT LAKES TISSUE COMPANY INDIVIDUAL'S SURNAME		FIRST PERSONAL	. NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	NGED OR ADDED INFORMATION: Complete for Assignment of ORGANIZATION'S NAME	or Party Information Cha	ange - provide only on	g name (7a or 7b) (use exact, full name	do not omit,	modify, or abbreviate any part of the	Debtor's name)
OR 7b	INDIVIDUAL'S SURNAME						
_	INDIVIDUAL'S FIRST PERSONAL NAME						
_	INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)						SUFFIX
	```		077/		107175	L DOOTAL COOF	
/c. MAII	ING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
-	COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these fou ndicate collateral:	r boxes: ☐ ADD	o collateral	OELETE collateral	RESTATE	covered collateral	SSIGN collatera
If this	E OF SECURED PARTY OF RECORD AUTHOR is an Amendment authorized by a DEBTOR, check here		NDMENT: Prov		name of As	signor, if this is an Assignme	nt)
C	ORGANIZATION'S NAME HEMICAL BANK A DIVISION OF TCF N	IATIONAL BA	ANK				
OR 96.	INOIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPT	IONAL FILER REFERENCE DATA: Debtor Name: T	HE GREAT LA	AKES TISSUE	COMPANY	-Luxur	8004210736	
30220	011400			min 2)	-	0007£10700	

# iLien Cover Page

Date Printed: 09/27/2022

Debtor:

THE GREAT LAKES TISSUE COMPANY 437 S MAIN ST CHEBOYGAN, MI 49721

Cost Center #: 611400 Obligor #: 8004210736 Collateral Type:

Collateral Description Abbreviation:

SBA Group #: Obligation #:

Collateral Item #: PS-1008449 Collateral Filing Reference #:

ILien File #: 84840146

Order Confirmation #: 88998343

UserID: 259966

UserName: TRACY CHARLTON
Number of Collateral Pages Attached: 0

Transaction Type: Termination
Jurisdiction: MI, Department of State

UCC FINANCING STATEMENT AMEN FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331  B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071		TINGTON	File Nun	n <b>g is Co</b> nber : 20	<b>empleted</b> 0220927000340-9 Sep-2022	
File with: Department of State	a, MI		THE ABOVE SPA	CE IS FO	OR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20200728000047-8 7/28/2020 SS MI		11	(or recorded) in the REAL	ESTATE	ENDMENT is to be filed [for RECORDS m UCC3Ad) and provide Debtor's	-
TERMINATION: Effectiveness of the Financing Statement Id Statement	entified above is	s terminated with r				المتنزعين والمستحدث والمستخدم
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also ind			Ignee in Item 7c <u>and</u> name of As	ssignor in	item 9	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law		with respect to the	security interest(s) of Secured	Party auth	norizing this Continuation Sta	stement is
PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Inform	CHANG item 6a	of these three boxes GE name and/or add or 6b; <u>and</u> item 7a provide only one n	dress: Complete or 7b and item 7c ADD nam 7a or 7b,	e: Comple and item 7	te item DELETE name; C c to be deleted in ite	Sive record name em 6a or 6b
68. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY						
OR 6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or F	arty Information Cha	I ange - provide only <u>one</u>	a name (7s or 7b) (use exact, full name;	do not omit, r	nodify, or abbreviate any part of the t	Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					**************************************	
INDIVIDUAL'S FIRST PERSONAL NAME				<u> </u>		
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)				<del></del>		SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four be indicate collateral:	ooxes: ADD	o collateral	DELETE colleteral R	ESTATE	covered collateral A	SSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTHORIZ				ame of Ass	signor, if this is an Assignmer	et)
If this is an Amendment authorized by a DEBTOR, check here  9a. ORGANIZATION'S NAME  CHEMICAL BANK A DIVISION OF TOP NA	<del></del>	ame of authorizing	Debtor			
OR 96. INDIVIDUAL'S SURNAME	THONAL BA	FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: TH	IE GREAT I	KES TISSUE	COMPANY			
88998343 611400			w=101 ( N T )		8004210736	

2. 1920年 - 1921年 - 1922年 - 19				
Section 1997 and the section of the				
UCC FINANCING STATEMENT AMENDME	NT	Michigan Departs	ment of State - Uniform Co	mmercial Code
FOLLOW INSTRUCTIONS		Filino '	Number: 202209290005	580 <u>~</u> 3
A. NAME & PHONE OF CONTACT AT FILER (optional)		• • • • • • • • • • • • • • • • • • • •	e and Time: 09/29/2022 02	
MCKENZIE M MICKELSON  B. E-MAIL CONTACT AT FILER (optional)		, and the second	Fotal Number of Pages: 1	
mmickelson11@nicoletbank.com			ocument was filed electroni	ionlly)
C. SEND ACKNOWLEDGEMENT TO: (Name and Address	s)	(Tijis ac	cument was thea electroni	carry)
MCKENZIE M MICKELSON				
111 N Washington Street				
Green Bay, WI 54301 USA		THE ABOVE SPACE IS	FOR FILING OFFICE USE O	NLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FII	VANCING STATEMENT AMENDMEN		
20161130000077-4	(or reco	orded) in the REAL ESTATE RECORE	os	
		tach Amendment Addendum (Form L		
<ol> <li>TERMINATION: Effectiveness of the Financing Statement ider Statement</li> </ol>	itified above is terminated with	respect to the security interest(s) of	Secured Party authorizing this	Termination
<ol> <li>ASSIGNMENT (full or partial): Provide name of Assignee in ite For partial assignment, complete items 7 and 9 and also indicate</li> </ol>		signee in item 7c and name of Assign	nor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement id		he security interest(s) of Secured Pa	rty authorizing this Continuation	n Statement is
continued for the additional period provided by applicable law			,	
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par par. ,	em 6a or 6b; <u>and</u> item 7a or 7b <u>a</u>	the state of the s		
6. CURRENT RECORD INFORMATION: Complete for Party Infor	nation Change - provide only o	ne name (6a or 6b)		
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
100. INDIVIDUALS SURNAIME	FIRST PERSONAL	IVAIVIC AODIT	IONAL NAME(S)/INTTIAL(S)	SUPPL
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Int	ormation Change - provide only <u>one</u> na	me (7a or 7b) (use exact, full name; do not omit	, modify, or abbreviate any part of the C	Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME			Section 1.	
INDUIDING THE PROPERTY OF THE				······································
INDIVIDUAL'S FIRST PERSONAL NAME				
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. COLLATERAL CHANGE: Also check one of these four bo	xes: TADD collateral	DELETE collateral RESTAT	E covered collateral AS	SIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here			of Assignor, if this is an Assig	gnment)
9a. ORGANIZATION'S NAME	nia provide name or admortzing	Design		
Nicolet National Bank				
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
40 ODTIONAL ENER REFERENCE SATA				
10. OPTIONAL FILER REFERENCE DATA: 600001973				

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

# iLien Cover Page

Date Printed: 09/27/2022

Debtor:

THE GREAT LAKES TISSUE COMPANY 437 S MAIN ST CHEBOYGAN, MI 49721

Cost Center #: 611400 Obligor #: 8004210736 Collateral Type: Collateral Description Abbreviation:

SBA Group #: Obligation #:

Collateral Item #: PS-1008449 Collateral Filing Reference #:

iLien File #: 84840146

Order Confirmation #: 88998343

UserID: 259966

UserName: TRACY CHARLTON Number of Collateral Pages Attached: 0

Transaction Type: Termination
Jurisdiction: MI, Department of State

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax:  B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071  MIMI	ITINGTON		n <b>g is Co</b> lber : 20	<b>empleted</b> 1220927000340-9 Sep-2022	
File with: Department of State, MI		THE ABOVE SPAC	E IS FC	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	116	(or recorded) in the REAL	ESTATE	RECORDS	
20200728000047-8 7/28/2020 SS MI  2. TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with "	Filer: attach Amendment Adde	ndum (Forr	m UCC3Ad) and provide Debtor	
Elemination: Effectiveness of the Financing Statement Identified above     Statement	is terminated with R	sapect to the security interest(s)		a rany authorizing this 180	major
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected.		gnee in Item 7c and name of As	signor in i	tem 9	
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	re with respect to the	security interest(s) of Secured f	Party auth	orizing this Continuation St	atement is
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This Change affects Debtor or Secured Party of record item 6	NGE name and/or add Sa or 6b; and item 7a	or 7b and item 7c 7a or 7b, a	nd item 7	to be deleted in its	
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THE GREAT LAKES TISSUE COMPANY					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	AODITION	VAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information C	hange - provide only one	name (7a or 7b) (use exact, full name; d	o not omit, n	nodify, or abbreviate any part of the	Debtor's name)
7a, ORGANIZATION'S NAME					
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
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			· · · · · · · · · · · · · · · · · · ·		
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: AD	D collateral	DELETE collateral RI	STATE	covered collateral A	SSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM			me of Ass	signor, if this is an Assignme	nt)
If this is an Amendment authorized by a DEBTOR, check here and provide  9a. ORGANIZATION'S NAME	name of authorizing	Debtor			
CHEMICAL BANK A DIVISION OF TCF NATIONAL B					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name; THE GREAT I	L LAKES TISSUE	COMPANY			
88998343 611400				8004210736	

# iLien Cover Page

Date Printed: 09/27/2022

Debtor:

THE GREAT LAKES TISSUE COMPANY 437 S. MAIN ST. CHEBOYGAN, MI 49721

Cost Center #: 611400 Obligor #: 8004210736 Collateral Type:

Collateral Description Abbreviation:

SBA Group #:
Obligation #:

Collateral Item #: PS-1008449 Collateral Filing Reference #:

iLien File #: 84840126

Order Confirmation #: 88998306

UserID: 259966

UserName: TRACY CHARLTON Number of Collateral Pages Attached: 0

Transaction Type: Termination
Jurisdiction: MI, Department of State

A. N Nar B. E	C FINANCING STATEMENT AME LOW INSTRUCTIONS  AME & PHONE OF CONTACT AT FILER (optional) ne: Wolters Kluwer Lien Solutions Phone: 800-3  -MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com  END ACKNOWLEDGMENT TO: (Name and Address)  Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	331-3282 Fax: 818-662-		File Num	ng is Co	<b>empleted</b> 1220927000337-5 Sep-2022	
	File with: Department of S	tate MI		THE ABOVE SPACE	E IS FO	R FILING OFFICE USE	ONLY
,	IITIAL FINANCING STATEMENT FILE NUMBER	COLON INTERNAL PROPERTY OF THE	1		ENT AM	ENDMENT is to be filed [for	
	00316000181-0 3/16/2020 SS MI			Filer: attach Amendment Adde	ndum (For	m UCC3Ad) <u>and</u> provide Debtor	
2. 🔀	TERMINATION: Effectiveness of the Financing Statement Statement	nt Identified above is terminat	ed with i	respect to the security interest(s)	of Secure	d Party authorizing this Ten	nination
3.	ASSIGNMENT (full or partial): Provide name of Assigned For partial assignment, complete items 7 and 9 and also			ilgnee in Item 7c <u>and</u> name of As	signor in I	tem 9	
4.	CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable		ect to th	e security interest(s) of Secured I	Party auth	orizing this Continuation St	atement is
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OR	THE GREAT LAKES TISSUE COMPANY  6b, INDIVIDUAL'S SURNAME	, FIRST PE	DECNIA	NASAE	ADDITION	VAL NAME(S)/INITIAL(S)	SUFFIX
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	78, ORGANIZATION'S NAME						
OR	7b. INDIVIDUAL'S SURNAME						
}	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)						SUFFIX
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8. L	COLLATERAL CHANGE: Also check one of these for indicate collateral:		***************************************				SSIGN collateral
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OR	96. INDIVIDUAL'S SURNAME	FIRST PE	ERSONA	L NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
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	PTIONAL FILER REFERENCE DATA: Debtor Name: 88306 611400	THE GREAT LAKES T	ISSUE	COMPANY		8004210736	
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Company of the second second					
UCC FINANCING STATEMENT AMENDME	ENT				
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2389 11430 CSC 801 Adlai Stevenson Drive					
Corinafield II 62702	ed In: Missouri (S.O.S.)				
		<u> </u>		FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202102090002025302 02/09/2021		(or recorded) in the REAL	ESTATE R	NDMENT is to be filed (for ECORDS n UCC3Ad) <u>and</u> provide Debto	·
TERMINATION: Effectiveness of the Financing Statement identified     Statement	above is terminated w	ith respect to the security intere	st(s) of Secu	ured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7s     For partial assignment, complete items 7 and 9 and also indicate affect	a or 7b, <u>and</u> address of cted collateral in item 8	Assignee in item 7c and name o	of Assignor i	n item 9	
CONTINUATION: Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law	ed above with respect	to the security interest(s) of Sec	ured Party a	authorizing this Continuation	n Statement is
5. PARTY INFORMATION CHANGE:  AND Check and of these has because of the control o	ck <u>one</u> of these three bo	xes to:			
Check one of these two boxes.	CHANGE name and/or a tem 6a or 6b; <u>and</u> item 7	ddress: Complete ADD nar	ne: Complete and item 7c	e item DELETE name: to be deleted in i	Give record name lem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information  6a. ORGANIZATION'S NAME INNOVATIVE DENTAL OF H					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party In  7a. ORGANIZATION'S NAME	nformation Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omi	t, modify, or abbreviate any part of	the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
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7c. MAILING ADDRESS	CITY		STATE [	POSTAL CODE	COUNTRY
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	ADD collateral	DELETE collateral [1]	RESTATE co	vered collateral	SSIGN collateral
All of the goods, furniture, fixtures, equipment and located, under that certain Equipment Finance Ag					
AllPoint Software, Install, License 60mos term, an	d all related pe	ripherals to be more	fully des	scribed on Exhibi	t A,
together with all replacements, additions, substitu- new versions, enhancements, and accessories in					
(including, but not limited to, amounts payable und					
	vide name of authorizing	g Debtor	name of Ass	ignor, if this is an Assignme	nt)
9a. ORGANIZATION'S NAME CORPORATION SERVICE	COMPANY as	REPRESENTATIVE			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: INNOVATIV	/E DENTAL O	HANNIBAL, LLC			2389 11430

11. I	NITIAL FINANCING STATEMENT FILE NUMBER: 2102090002025302 02/09/2021	Same as item 1a on Ame	andment form			
	NAME OF PARTY AUTHORIZING THIS AMENDME	NT: Same as item 9 on /	Amendment form			
	128. ORGANIZATION'S NAME CORPORATION SERVICE COMPAI	NY as REPRES	ENTATIVE			
OR	12b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
	Name of DEBTOR on related financing statement (I			ing purposes only in .	some filing offices - see Instruction iter	
	one Debtor name (13a or 13b) (use exact, full name; do no 13a. ORGANIZATION'S NAME	ot omit, modify, or abbrevi	ate any part of the Debtor's	name); see Instructio	ns if name does not fit	
	138. ORGANIZATION'S NAME					
R	13b. INDIVIDUAL'S SURNAME	F	IRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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18. MISCELLANEOUS:

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 800-858-529	94		L		000,010,1	o, otato
B. E-MAIL CONTACT AT FILER (optional)						
SPRFiling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  Corporation Service Company 801 Adiai Stevenson Dr Springfield, IL 62703 USA	٦					
1	1	ļ	THE A	BOVE SPAC	E IS FOR FILING	OFFICE USE ONLY
1a, INITIAL FINANCING STATEMENT FILE NUMBER 202102090002025302	1b.	(or recorded)	in the REAL	ESTATE REC		·
						ide Debtor's name in item 13
<ol> <li>TERMINATION: Effectiveness of the Financing Statement Identified a Statement</li> </ol>	DOVE IS CERMINAL	ed With respect	to security i	iteresital or seci	ired Party authorizing	this jermination
ASSIGNMENT (full or partial): Give name of Assignee in Item 7a and For partial assignment, complete Items 7 and 9 and also indicate affecte			em 7c and r	ame of Assignor	In item 9.	
CONTINUATION: Effectiveness of the Financing Statement Identified continued for the additional period provided by applicable law.			nterest(s) of	Secured Party a	uthorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:					<u> </u>	
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This Change affects Debtor or Secured Party of record	em 6a or 6b; and	litem 7a or 7b an	d item 7c	ADD name. 7a or 7b, and	ilem 7c Lob	ETE name: Give record name e deleted in item 6a or 6b
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OR						
66 INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME		ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party in Taylor ORGANIZATION'S NAME	nformation Change	provide only one n	ame (7a or 76)	use exact, full name,	du not omit, medify, or abbr	eviate any part of the Debtor's name)
OR 76 INDIVIDUAL'S SURNAME			<del></del> ,			
INDIVIDUAL'S FIRST PERSONAL NAME.						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
7c MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collate	al DELET	collateral	RESTATE (	overed collateral	ASSIGN collateral
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If this is an Amendment authorized be a DEBTOR, check here	and provide na	ame of authoriz	ing Debtor			
99 ORGANIZATION'S NAME CORPORATION SERVICE COMPANY as REPRESE!	NTATIVE					
OR BUT INDIVIDUAL'S LAST NAME	FIRST NAME			MIDDLE	NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Debtor: INNOVATIVE DENTAL OF HANNIBAL LLC 238	29 11/20					

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JCC FINANCING STATEMENT AMENDME	ENT	Michigan Departm	ent of State - Uniform Co	mmercial Code
A. NAME & PHONE OF CONTACT AT FILER (optional)		Filing N	Tumber: 202209290005	580-3
MCKENZIE M MICKELSON		*	and Time: 09/29/2022 02	2:13 PM
B. E-MAIL CONTACT AT FILER (optional) mmickelson11@nicoletbank.com			otal Number of Pages: 1	
C. SEND ACKNOWLEDGEMENT TO: (Name and Addre	ess)	(This doc	cument was filed electroni	ically)
MCKENZIE M MICKELSON				
111 N Washington Street Green Bay, WI 54301 USA				
Green bay, Wi 34301 USA		THE ABOVE SPACE IS	FOR FILING OFFICE USE O	NLY
a. INITIAL FINANCING STATEMENT FILE NUMBER 20161130000077-4	(or reco	NANCING STATEMENT AMENDMENT (rded) in the REAL ESTATE RECORD: (lach Amendment Addendum (Form UC	3	name in item 13
TERMINATION: Effectiveness of the Financing Statement ic Statement				
ASSIGNMENT (full or partial): Provide name of Assignee in For partial assignment, complete items 7 and 9 and also indica		signee in item 7c <u>and</u> name of Assigno	or in item 9	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law		he security interest(s) of Secured Part	y authorizing this Continuatio	n Statement is
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6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME ADDITE	DNAL NAME(S)/INITIAL(S)	SUFFIX
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7a. ORGANIZATION'S NAME				
7b. INDIVIOUAL'S SURNAME				
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four	boxes: ADD collateral	DELETE collateral RESTATE	covered collateral AS	SIGN collateral
Indicate collateral:				
		and the contract of the contra		
<ul> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZING</li> <li>If this is an Amendment authorized by a DEBTOR, check here</li> </ul>			of Assignor, if this is an Assig	gnment)
9a ORGANIZATION'S NAME Nicolet National Bank				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
	F		and the state of t	
10. OPTIONAL FILER REFERENCE DATA: 600001973				

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800 B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address Lien Solutions P.O. Box 29071	)-331-3282 Fax: 818-662-4		Lien Solutions Representation of fil This fillir File Num File Date	ng is Co	220927000340-9	
Glendale, CA 91209-9071	MIMI					
File with: Department of	State, MI	╛╽	THE ABOVE SPAC	E IS FC	R FILING OFFICE US	SE ONLY
18. INITIAL FINANCING STATEMENT FILE NUMBER 20200728000047-8 7/28/2020 SS MI		1b.	This FINANCING STATEM (or recorded) In the REAL Filer: attach Amendment Adde	ENT AMI	ENDMENT is to be filed [f	or record]
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ASSIGNMENT (full or partial): Provide name of Assign For partial assignment, complete items 7 and 9 and all			e in item 7c <u>and</u> name of As	signor in I	tem 9	<u>., </u>
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5. PARTY INFORMATION CHANGE:  Check one of these two boxes:  This Change affects Debtor or Secured Party of reco	AND Check one of these thr CHANGE name au ord litem 6a or 6b; <u>and</u>	d/or addres	s: Complete ADD name b <u>and</u> item 7c 7a or 7b, g	: Comple	le Item DELETE name	; Give record nam illem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party       68. ORGANIZATION'S NAME	Information Change - provide on	y <u>one</u> nam	e (6a or 6b)			
THE GREAT LAKES TISSUE COMPAN		RSONAL NA	AE	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
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OR 7b. INDIVIDUAL'S SURNAME						
7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME						
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DCC FINANCING STATEME FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILE Name: Wolters Kluwer Lien Solutions if B. E-MAIL CONTACT AT FILER (optional) ucofilingreturn@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	ER (optional) Phone: 800-331-3282 Fax: 818-l n	GTON	File Nun	ng is Co	ompleted 1220927000337-5 Sep-2022	
File with: Den	partment of State, MI		THE ABOVE SPA	CE IS FO	R FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NU 20200316000181-0 3/16/2020 S	MBER		This FINANCING STATEM	ENT AMI	ENDMENT is to be filed [fo	r record]
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Statement		.,				
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CONTINUATION: Effectiveness of the Fir		respect to the	security Interest(s) of Secured	Party auth	orizing this Continuation S	tatement is
i. PARTY INFORMATION CHANGE:				www.		
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This Change affects Debtor or Secure	d Party of record item 6a or 6	b; <u>and</u> item 7a	or 7b and item 7c 7a or 7b,	and item 7	to be deleted in i	
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6b. INDIVIDUAL'S SURNAME	FIR	IST PERSONAL	NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
	plete for Assignment or Party Information Change	- provide only one	name (7a or 7b) (use exact, full name;	lo not omit, n	odify, or abbreviate any part of the	Debtor's name)
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OR 7b. INDIVIDUAL'S SURNAME				<del></del> ,		
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	NAME & PHONE OF CONTACT AT FILER (optional) me: Wolters Kluwer Lien Solutions Phone: 800-33	1-3282 Fax: 81	18-662-4141				
В. Б	E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	······································	##. # F ! · · · · · · · · · · · · · · · · · ·				
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### Scott, Mark M.

From:

Scott, Mark M.

Sent:

Thursday, February 16, 2023 10:09 AM

To:

donald swenson

Subject:

RE: Great Lakes Tissue Company [IWOV-BN.FID4322580]

#### Good morning

Please confirm whether the equipment inspection will be permitted or not. I need contact logistics as discussed.

Mark

## Buchalter

#### Mark M. Scott

Shareholder T (949) 224-6217 F (949) 224-6227 mscott@buchalter.com

18400 Von Karman Avenue, Suite 800 Irvine, CA 92612-0514 www.buchalter.com | <u>Bio</u> | <u>LinkedIn</u>

From: Scott, Mark M. <mscott@buchalter.com> Sent: Tuesday, February 14, 2023 11:22 AM

To: donald swenson <donaldcswenson@icloud.com>

Subject: RE: Great Lakes Tissue Company [IWOV-BN.FID4322580]

Just tried

## Buchalter

#### Mark M. Scott

Shareholder T (949) 224-6217 F (949) 224-6227 mscott@buchalter.com

18400 Von Karman Avenue, Suite 800 Irvine, CA 92612-0514 www.buchalter.com | Bio | LinkedIn From: donald swenson < donaldcswenson@icloud.com>

Sent: Tuesday, February 14, 2023 11:20 AM To: Scott, Mark M. <mscott@buchalter.com>

Subject: Re: Great Lakes Tissue Company [IWOV-BN.FID4322580]

This message has originated from an External Email. donald swenson < donaldcswenson@icloud.com>:

Mark Call me at 6128022098

Sent from my iPhone

On Feb 14, 2023, at 1:07 PM, Scott, Mark M. < mscott@buchalter.com > wrote:

Mr. Swenson—please advise as to your availability for a call to discuss an equipment inspection. Alternatively, please provide me with the name and number of a business contact with whom my client and/or its inspection company can speak to set this up.

Mark

## Buchalter

Mark M. Scott Shareholder T (949) 224-6217 F (949) 224-6227 mscott@buchalter.com

18400 Von Karman Avenue, Suite 800 Irvine, CA 92612-0514 www.buchalter.com | Bio | Linkedin

From: Scott, Mark M. < mscott@buchalter.com > Sent: Monday, February 13, 2023 3:55 PM

To: donald swenson < donaldcswenson@icloud.com >

Subject: RE: Great Lakes Tissue Company [IWOV-BN.FID4322580]

Thank you. See attached.

Mark

## Buchalter

Mark M. Scott

Shareholder T (949) 224-6217 F (949) 224-6227 mscott@buchalter.com

18400 Von Karman Avenue, Suite 800 Irvine, CA 92612-0514 www.buchalter.com | Bio | LinkedIn

From: donald swenson < donaldcswenson@icloud.com >

**Sent:** Monday, February 13, 2023 2:39 PM **To:** Scott, Mark M. <<u>mscott@buchalter.com</u>>

Subject: Re: Great Lakes Tissue Company [IWOV-BN.FID4322580]

This message has originated from an External Email. donald swenson < donaldcswenson@icloud.com>:

Call me anytime tomorrow. I need a copy of the lease and unpaid invoices. The letter i received Friday evening was a surprise.

Thanks

Sent from my iPhone

On Feb 13, 2023, at 2:14 PM, Scott, Mark M. < mscott@buchalter.com > wrote:

Mr. Swenson

Please advise as to your earliest availability for a call.

Sertant very much wants to inspect its equipment.

Mark

## Buchalter

#### Mark M. Scott

Shareholder T (949) 224-6217 F (949) 224-6227 mscott@buchalter.com

18400 Von Karman Avenue, Suite 800 Irvine, CA 92612-0514 www.buchalter.com | Bio | LinkedIn

From: Song Lo <song@songlolaw.com>
Sent: Friday, February 10, 2023 3:18 PM
To: Scott, Mark M. <mscott@buchalter.com>

Cc: donald swenson < donaldcswenson@icloud.com>; Richard Kranitz

<Kranrich@msn.com>

Subject: Re: Great Lakes Tissue Company [IWOV-BN.FID4322580]

This message has originated from an External Email. song@songlolaw.com < song@songlolaw.com>:

Mark,

I am in receipt of your voicemail from today and your email. I do not represent Great Lakes Tissue Company.

Rather, my client is Great Lakes Tissue Group, LLC, the former owner of that company. My client does not have any control or decision-making power relating to the facility or Great Lakes Tissue Company at this time.

Please know that even if Great Lakes Tissue Group wanted give access to Sertent, we cannot. You will want to reach out to Mr. Prange and/or his counsel, Don Swenson, who is copied on this email.

Thank you. <image001.png>

Song Lo Song Lo Law, LLC 1397 Ashland Avenue, Unit B St. Paul, MN 55104

Direct: (612) 247-4939 Main: (612) 325-3422 Fax: (612) 223-6226 song@songlolaw.com

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On Feb 10, 2023, at 5:07 PM, Scott, Mark M. <a href="mscott@buchalter.com">mscott@buchalter.com</a>> wrote:

Ms. Lo

Per my voicemail message to you this afternoon, please call me as soon as possible to discuss the Lease with Sertant and the subject equipment. My clients' attempts to arrange an inspection have been met with silence by the company. Time is of the essence given what we have seen and heard to date.

Mark

## Buchalter

Mark M. Scott Shareholder T (949) 224-6217 F (949) 224-6227 mscott@buchalter.com

18400 Von Karman Avenue, Suite 800 Irvine, CA 92612-0514 www.buchalter.com | Bio | Linkedin

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#### Scott, Mark M.

From:

Scott, Mark M.

Sent:

Friday, February 17, 2023 1:03 PM

To:

donald swenson Ron Van Den Heuvel

Cc: Subject:

RE: Emailing - Signed - Great Lakes.Lease.1.30.22.v2.pdf [IWOV-BN.FID4322576]

Mr. Van Den Heuval—what is your phone number? Also, are you an officer of Great Lakes Tissue Company?

Mark

## Buchalter

#### Mark M. Scott

Shareholder T (949) 224-6217 F (949) 224-6227 mscott@buchalter.com

18400 Von Karman Avenue, Suite 800 Irvine, CA 92612-0514 <a href="https://www.buchalter.com">www.buchalter.com</a> | Bio | LinkedIn

From: donald swenson <donaldcswenson@icloud.com>

Sent: Friday, February 17, 2023 12:41 PM
To: Scott, Mark M. <mscott@buchalter.com>
Cc: Ron Van Den Heuvel <RVDH@PCDIwi.com>

Subject: Re: Emailing - Signed - Great Lakes.Lease.1.30.22.v2.pdf [IWOV-BN.FID4322576]

This message has originated from an External Email. donald swenson < donald swenson@icloud.com>:

I will pass your request on to Homco.

Re your assumption you are wrong. Have your President contact Ron for arrangements.

Sent from my iPhone

On Feb 17, 2023, at 1:21 PM, Scott, Mark M. < mscott@buchalter.com > wrote:

Thank you for your email. Please provide me with any Bill of Sale you have reflecting a transfer of title. If a UCC 1 financing statement was filed, please let me have it.

In the meantime, I will assume that GLT has rejected Sertant's frequent requests for an inspection of the equipment.

Mark

## Buchalter

Mark M. Scott Shareholder T (949) 224-6217 F (949) 224-6227 mscott@buchalter.com

18400 Von Karman Avenue, Suite 800 Irvine, CA 92612-0514 www.buchalter.com | Bio | LinkedIn

From: Don Swenson <a href="mailto:stonehill-financial.com">dswenson@stonehill-financial.com</a>>

**Sent:** Friday, February 17, 2023 8:03 AM **To:** Scott, Mark M. < <u>mscott@buchalter.com</u>>

Cc: Ron Van Den Heuvel < RVDH@PCDIWI.COM>; donald swenson < donaldcswenson@icloud.com>

Subject: Emailing - Signed - Great Lakes.Lease.1.30.22.v2.pdf

This message has originated from an External Email. Don Swenson < dswenson@stonehill-financial.com>:

Mark,

Attached is the Lease that predates your transaction. The list of the equipment covered by the Lease (see last few pages) is virtually identical to your list. In other words, your client was defrauded by the prior owners. There is little if any "equity" in the list of your client's equipment, but we would be open to discussing a resolution.

If you still want to spend the money to do a walk through, that person and your client would have to sign an NDA and take no pictures. To conduct a walkthrough, have your client's President contact Ron at the above email address to make arrangements. Ron is a consultant to my client. Ron tried to reach him several times but there was no response.

If you have any questions, please let me know.

Don

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### Case 1:23-cv-10564-LJM-PTM ECF No. 27-9, PageID.466 Filed 04/16/23 Page 4 of 4

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