

**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 hereto 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 exchange 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 dispute 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  
President, Sentant Capital, LLC

**UNITED STATES DISTRICT  
EASTERN DISTRICT OF MICHIGAN  
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PRIME ALLIANCE BANK, INC.,  
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rmcwhorter@buchalter.com

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**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 February 17, 2023 between Plaintiffs' counsel, Donald Swenson and Ron Van Dan Heuvel

EXHIBIT 1

LARA Home Contact LARA Online Services News MI.gov

**LARA** Corporations  
Online Filing System  
Department of Licensing and Regulatory Affairs

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: 2022

Most Recent Annual Report with Officers &amp; Directors: 2018

## The name and address of the Resident Agent:

Resident Agent Name: KIP BOIE

Street Address: 437 S. MAIN STREET

Apt/Suite/Other:

City: 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	Name	Address
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 filings for this business entity:



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 RESTATED ARTICLES OF INCORPORATION
<a href="#">View filings</a>

<b>Comments or notes associated with this business entity:</b> <div></div>
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[Michigan.gov Home](#)   [ADA](#)   [Michigan News](#)   [Policies](#)

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EXHIBIT 2

**SERTANT**620 Newport Center Drive, Suite 1450, Newport Beach, CA 92660  
Tel: 949-336-3400**DELIVERY,  
ACCEPTANCE  
AND PAYMENT  
AUTHORIZATION  
CERTIFICATE**

Lessee The Great Lakes Tissue Company			
Street 437 S. Main Street			
City Cheboygan	State MI	County 49721	Zip

Lessee hereby certifies that the Equipment described in Lease Schedule No. 1 dated 9/26/22 to Master Lease Agreement No. SC-002157 between Sertant Capital, LLC ("Sertant") and the undersigned Lessee dated 9/26/22 (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  
 Kip Boic  
 President & CEO
DATE: 9/27/22**Payee Information:**

Payee: Great Lakes Tissue Co

Bank Name: 1st Community Bank

Bank ABA Number: [REDACTED]

Account Number: [REDACTED]

Account Name: Great Lakes Tissue Co

Amount: \$1,910,417.70

Reference: The Great Lakes Tissue Company - Lease Schedule 1

**Payee Information:**

Bank Name: Bank of California NA

Bank ABA Number: [REDACTED]

Account Number: [REDACTED]

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: 1<sup>st</sup> Community Bank

Bank ABA Number: [REDACTED]

Account Number: [REDACTED]

Account Name: Great Lakes Tissue Co

Amount: \$1,000,000.00 (Holdback)

Reference: The Great Lakes Tissue Company- Lease Schedule 1

EXHIBIT 3

**PAY PROCEEDS DIRECTION**

TO: Sertant Capital, LLC  
620 Newport Center Drive, Suite 1450  
Newport Beach, CA 92660

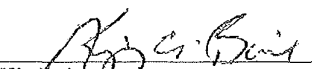
RE: Lease Agreement No.: SC-002157 Dated 9/27/22, between the undersigned and Sertant Capital, LLC

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 payees designated below:

<u>Amount</u>	<u>Payee Name and Address</u>
\$1,910,417.70 (\$3,000,000.00-\$1,000,000.00 Holdback- \$89,582.30 Deposit, Closing/Admin Fee)	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: 9/27/22

**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
Wulftec WLP-150 Automatic Stretch 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	19513005FS	\$ 817,000.00
1999 Perini 702G 106" JRT Rewinder and all accessories	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: \$40,500.00

Clausing Colchester 17" Horizontal Lathe - S/N: 2312  
 Bridgeport Series Vertical Drill - S/N: J202453  
 Hendey Horizontal Lathe 14 x 42 - S/N: 121  
 Cincinnati Milling Machine - S/N: E506J  
 Cincinnati Bickford Drill - S/N: 122  
 Boyd & Emmes Radial Engine Horizontal Lathe - 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: 66  
 Clausing Vertical Drill Press - S/N: 511876  
 Abrasive Machine Tool Sander - S/N: N/A  
 Miller Bobcat 225 NT Welding Set  
 Miller Trailblazer 30 Z 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 Lathe - Age: 2003  
 Lincoln Wirematic 255 Welding Set  
 All components and ancillary items.

## Lift Trucks and Rolling Stock

\$75,000.00

Caterpillar 99F - S/N: AT81C-00357 - 3,500lbs. Cap.  
 Caterpillar 99H - S/N: AT81C-00944 - 3,500lbs. Cap.  
 Caterpillar V-80 - S/N: 932200-14A  
 Caterpillar #11 Roll Grab - S/N: AT8701786 - 7,000 lbs. Cap.  
 Caterpillar #12 Roll Grab - S/N: AT8701784 - 7,000 lbs. Cap.  
 Genie #1 Scissor lift - S/N: 78192  
 Genie #2 Scissor lift - S/N: 66851  
 Genie #3 Articulating boom - S/N: Z34N-9953  
 Genie AVVP - S/N: 3892-1317 - 300 lbs. Cap.  
 Hella #11 - S/N: 1449K - 4,400 lbs. Cap.  
 Hyster S-150 - S/N: A24D1857P - 16,000lbs. Cap.  
 Hyster 50 - S/N: F187V13647F - 4,800 lbs. Cap.  
 JCB 506C - S/N: 585635-6,000 lbs. Cap.  
 JCB 506C - S/N: JCB5CAJLC61184611 - 6,000 lbs. Cap.  
 Kabota SSV65 - S/N: 13738  
 Linde #5 Roll Grab - S/N: A11313G00184 - 3,700 lbs. Cap.  
 Linde #3 Roll Grab - S/N: A11313G00186 - 3,700 lbs. Cap.  
 Linde #24 - S/N: A1131BJ00224 - 4,500 lbs. Cap.  
 Linde #88 - S/N: A1131BJ00186 - 4,500 lbs. Cap.  
 Nissan #8 - S/N: 23108 - 3,500 lbs. Cap.  
 Skid Steer L230 - S/N: wbm432589  
 Terex All terrain lift - S/N: TH0606B-6250-6,000 lbs.  
 Toyota #4 Roll Grab - S/N: 84938 - 4,400 lbs. Cap.  
 Toyota #1 - S/N: 77636 - 7,700 lbs. Cap.  
 Toyota #30 - S/N: 62678 - 7,250 lbs. Cap.

Total Equipment Amount

\$3,000,000.00



EXHIBIT 4

BRIDGE Outgoing Wire

BRIDGE ISN: 221014010000601482

## Basic Information

Business Function {3600}	CTR - Customer Transfer	Amount {2000}	\$1,910,417.70
Wire Type {1510}	1000	Sender ABA {3100}	102003743
Sender Name {3100}	Bankers Bank of th	Receiver ABA {3400}	072406771
Receiver Name {3400}	FRST CMM H SPRINGS	IMAD {1520}	20221014 MMQFMPYY 000507
OMAD {1120}	20221014 QMGFNP66 002387	Business Date	Friday, October 14, 2022
	10141749FT03		
Account Number	[REDACTED]	Core Account Number	1001828
Created By	SucZaro54 @ 10/14/2022 3:28 PM	Released By	ShaHowa82 @ 10/14/2022 3:48 PM

## Originator Information

Originator {5000}	Originator FI {5100}
ID Code F - Fed Routing Number	ID Code D - Demand Deposit Account (DDA) Number
Identifier 124303081	Identifier 1001828
Name Prime Alliance Bank	Name Prime Alliance Bank
Address 1868 South 500 West	Address 1868 South 500 West
Woods Cross, UT 84074	Woods Cross, UT, 84010

Originator to Beneficiary {6000}  
 RE: Master Lease Agreement SC-002157 -1 / Sertant  
 Capital

## Beneficiary Information

Beneficiary {4200}  
 ID Code D - Demand Deposit Account (DDA) Number  
 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

10/14/2022 3:49:42 PM

EXHIBIT 5



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

Contract Number: SC-002157

Criteria: The Great Lakes Tissue Company

State: Michigan

Search ID: 147988417

Search Type: UCC Search By Company Name -  
Active

Order Number: 239998491

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



CORPORATION SERVICE COMPANY

## UCC Summary Report

801 Adlai Stevenson Drive  
Springfield, IL 62703-4261

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

Order Number: 239998239

Search Date: 9/22/2022

Account Number: 402270

Subject: The Great Lakes Tissue Company

Contract Number: SC-002157

Criteria: Great Lakes Tissue Company

Total Records Found: 33

Results for Michigan UCC Search By Company Name - Active      Current as of: 8/31/2022  
Search results in this jurisdiction include UCC records, Federal  
Tax Liens and State Tax Liens.

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

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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

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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

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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**

Michigan Department of State - Uniform Commercial Code

FOLLOW INSTRUCTIONS

Filing Number: 20161130000077-4

Filing Date and Time: 11/30/2016 08:47 AM

Total Number of Pages: 1

(This document was filed electronically)

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>First Federal of Northern Michigan</b>
B. E-MAIL CONTACT AT FILER (optional) <b>UCC@first-federal.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>First Federal of Northern Michigan 468 N Ripley Blvd Alpena, MI 49707 USA</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>The Great Lakes Tissue Company</b>				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS <b>437 S Main St</b>	CITY <b>Cheboygan</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>	COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>First Federal of Northern Michigan</b>				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS <b>468 N Ripley</b>	CITY <b>Alpena</b>	STATE <b>MI</b>	POSTAL CODE <b>49707</b>	COUNTRY <b>USA</b>

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

All Equipment; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing

5. Check <u>only</u> if applicable and check <u>only one</u> box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only one</u> box: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only one</u> box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:	

## UCC FINANCING STATEMENT AMENDMENT

Michigan Department of State - Uniform Commercial Code

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Amber Ansell</b>
B. E-MAIL CONTACT AT FILER (optional) <b>aansell@bankmbank.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Amber Ansell 130 South Cedar St Manistique, MI 49854 USA</b>

Filing Number: 20200402000497-4

Filing Date and Time: 04/02/2020 04:15 PM

Total Number of Pages: 1

(This document was filed electronically)

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1a. INITIAL FINANCING STATEMENT FILE NUMBER <b>20161130000077-4</b>	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement	
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law	
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)	
6a. ORGANIZATION'S NAME	
OR	6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor	
9a. ORGANIZATION'S NAME <b>mBank</b>	
OR	9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	

## UCC FINANCING STATEMENT AMENDMENT

Michigan Department of State - Uniform Commercial Code

FOLLOW INSTRUCTIONS

Filing Number: 20210803000488-0

Filing Date and Time: 08/03/2021 11:27 AM

Total Number of Pages: 1

(This document was filed electronically)

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>MBANK</b>
B. E-MAIL CONTACT AT FILER (optional) <b>scasey@bankmbank.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>MBANK 130 SOUTH CEDAR ST Manistique, MI 49854 USA</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**20161130000077-4**1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☒ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ PARTY INFORMATION CHANGE:Check one of these two boxes:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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
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8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME <b>mBank</b>			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA:  
**GREAT LAKES TISSUE COMPANY**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Michigan Department of State - Uniform Commercial Code

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Corporation Service Company 800-858-5294</b>
B. E-MAIL CONTACT AT FILER (optional) <b>FilingDept@cscinfo.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703 USA</b>

Filing Number: 20181016000435-3

Filing Date and Time: 10/16/2018 12:02 PM

Total Number of Pages: 1

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS <b>437 S Main St</b>	CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>497211999</b>	COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>DE LAGE LANDEN FINANCIAL SERVICES, INC.</b>				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS <b>1111 OLD EAGLE SCHOOL ROAD</b>	CITY <b>WAYNE</b>	STATE <b>PA</b>	POSTAL CODE <b>19087</b>	COUNTRY <b>USA</b>

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

**ALL EQUIPMENT LEASED OR FINANCED BY SECURED PARTY TO OR FOR DEBTOR PURSUANT TO SECURED PARTY'S CONTRACT NUMBER 100-10199531, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, ACCESSORIES AND SUBSTITUTIONS TO OR FOR THE SAME, AND ALL PROCEEDS OF THE FOREGOING. LEASE NUMBER 100-10199531**

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

**THE GREAT LAKES TISSUE COMPANY [153525794]**

**UCC FINANCING STATEMENT**

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Michigan Department of State - Uniform Commercial Code

Filing Number: 20200316000181-0

Filing Date and Time: 03/16/2020 10:22 AM

Total Number of Pages: 1

*(This document was filed electronically)*

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Rachele N Chapman</b>
B. E-MAIL CONTACT AT FILER (optional) <b>Rachele.Chapman@chemicalbank.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Rachele N Chapman 1315 Washington Street Midland, MI 48640 USA</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>The Great Lakes Tissue Company</b>				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS <b>437 S. Main St.</b>	CITY <b>Cheboygan</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>	COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Chemical Bank, a Division of TCF National Bank</b>				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS <b>PO Box 1527</b>	CITY <b>Midland</b>	STATE <b>MI</b>	POSTAL CODE <b>48641</b>	COUNTRY <b>USA</b>

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

All Equipment

All Personal Property.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: <b>801465543-1</b>	

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## UCC FINANCING STATEMENT AMENDMENT

Michigan Department of State - Uniform Commercial Code

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Erin Avery</b>
B. E-MAIL CONTACT AT FILER (optional) <b>Erin.Avery@chemicalbank.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Erin Avery 1315 Washington St Midland, MI 48640 USA</b>

Filing Number: 20200408000086-6

Filing Date and Time: 04/08/2020 08:46 AM

Total Number of Pages: 1

(This document was filed electronically)

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1a. INITIAL FINANCING STATEMENT FILE NUMBER <b>20200316000181-0</b>	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer: <u>attach Amendment Addendum (Form UCC3Ad)</u> and provide Debtor's name in item 13
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement	
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law	
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b	
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)	
6a. ORGANIZATION'S NAME	
OR	6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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. <input checked="" type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input checked="" type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral:  All Equipment All Personal Property All Equipment and Purchase Money Security Interest on equipment to be purchased.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor	
9a. ORGANIZATION'S NAME <b>Chemical Bank, a Division of TCF National Bank</b>	
OR	9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: <b>801467028</b>	



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

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

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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>437 S MAIN ST.</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Kubota Credit Corporation, U.S.A.</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>PO Box 2046</b>		CITY <b>Grapevine</b>	STATE <b>TX</b>	POSTAL CODE <b>76099</b>
				COUNTRY <b>USA</b>

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

**KUBOTA SSV65PH 13738 SSL ISO CANO;**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: <b>75841572</b>	

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

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

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A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Corporation Service Company 800-858-5294</b>
B. E-MAIL CONTACT AT FILER (optional) <b>FilingDept@cscinfo.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703 USA</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>437 S Main St</b>		CITY <b>Cheboygan</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Chemical Bank, a division of TCF National Bank</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>PO BOX 1527</b>		CITY <b>Midland</b>	STATE <b>MI</b>	POSTAL CODE <b>48641</b>
				COUNTRY <b>USA</b>

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

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

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: <b>[194295764]</b>	



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Michigan Department of State - Uniform Commercial Code

Filing Number: 20210427001011-3

Filing Date and Time: 04/27/2021 05:03 PM

Total Number of Pages: 1

(This document was filed electronically)

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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>437 S MAIN ST</b>	CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>497211999</b>	COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>TOYOTA INDUSTRIES COMMERCIAL FINANCE, INC.</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>P.O. Box 9050</b>	CITY <b>Dallas</b>	STATE <b>TX</b>	POSTAL CODE <b>750199050</b>	COUNTRY <b>USA</b>

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

**ONE (1) TOYOTA FORKLIFT MODEL /SERIAL #8FGU25-68198**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: <b>80195489</b>	

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Michigan Department of State - Uniform Commercial Code

Filing Number: 20220207000241-2

Filing Date and Time: 02/07/2022 11:22 AM

Total Number of Pages: 1

(This document was filed electronically)

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Corporation Service Company 800-858-5294</b>
B. E-MAIL CONTACT AT FILER (optional) <b>FilingDept@cscinfo.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703 USA</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>The Great Lakes Tissue Company</b>				
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
1c. MAILING ADDRESS <b>437 S. Main Street</b>		CITY <b>Cheboygan</b>	STATE <b>MI</b>	POSTAL CODE <b>497211999</b>
			COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
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 <b>CNH Industrial Capital America LLC</b>				
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
3c. MAILING ADDRESS <b>5729 Washington Avenue</b>		CITY <b>Racine</b>	STATE <b>WI</b>	POSTAL CODE <b>53406</b>
				COUNTRY <b>USA</b>

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

**2022, New Holland, W50C, Serial No.: FNHW50CSNMHP03496, Compact Wheel Loader SECURED CREDITOR ASSERTS A FIRST PRIORITY PURCHASE MONEY SECURITY INTEREST IN THE FOREGOING EQUIPMENT, AND INCLUDING BUT NOT LIMITED TO, ALL ITS IMPROVEMENTS, PARTS, ACCESSORIES, SUBSTITUTIONS, REPLACEMENTS, PRODUCTS, PROCEEDS, INSURANCE PROCEEDS, PREMIUM REFUNDS AND ACCESSIONS..**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA: <b>[226375052]</b>	

**UCC FINANCING STATEMENT**

## FOLLOW INSTRUCTIONS

Michigan Department of State - Uniform Commercial Code

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Corporation Service Company 800-858-5294</b>
B. E-MAIL CONTACT AT FILER (optional) <b>FilingDept@cscinfo.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703 USA</b>

Filing Number: 20220518000435-2

Filing Date and Time: 05/18/2022 12:09 PM

Total Number of Pages: 6

(This document was filed electronically)

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>437 S MAIN ST</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME <b>LAKEWIND HOMES I, LP</b>				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS <b>437 S MAIN ST</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	

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 <b>CORPORATION SERVICE COMPANY, AS REPRESENTATIVE</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>P.O. Box 2576 UCCSPREP@CSCINFO.COM</b>		CITY <b>Springfield</b>	STATE <b>IL</b>	POSTAL CODE <b>62708</b>
			COUNTRY <b>USA</b>	

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

**COLLATERAL: This financing statement covers the following collateral: ALL DEBTOR'S PRESENT AND FUTURE ACCOUNTS AND THE DIRECT AND INDIRECT PROCEEDS THEREOF. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN. THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTUOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCES IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.**

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

**[232328426]**

**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 <input type="checkbox"/>				
18a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>				
OR				
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 <u>one</u> 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 <b>AMERICAN DAIRY CORPORATION</b>				
OR				
19b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS <b>437 S MAIN ST</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	
20. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> 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 <b>DCL GROUP, L.L.C.</b>				
OR				
20b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS <b>437 S MAIN ST</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	
21. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> 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 <b>GREAT LAKES TISSUE CO</b>				
OR				
21b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS <b>437 S MAIN ST</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	
22. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> 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. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (23a or 23b)				
23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	
24. MISCELLANEOUS:				

**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 ☐

18a. ORGANIZATION'S NAME

**THE GREAT LAKES TISSUE COMPANY**

OR

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

**TROUT LAKE ENTERPRISES, LLC**

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

**437 S MAIN ST**

CITY

**CHEBOYGAN**

STATE

**MI**

POSTAL CODE

**49721**

COUNTRY

**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

**HOUSESIMPLE CORPORATION**

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

**437 S MAIN ST**

CITY

**CHEBOYGAN**

STATE

**MI**

POSTAL CODE

**49721**

COUNTRY

**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

**CHEBOYGAN WAREHOUSE SERVICES, LLC**

OR

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

**437 S MAIN ST**

CITY

**CHEBOYGAN**

STATE

**MI**

POSTAL CODE

**49721**

COUNTRY

**USA**

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)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

## 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 ☐

18a. ORGANIZATION'S NAME  
THE GREAT LAKES TISSUE COMPANY

OR

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  
CHEBOYGAN HYDRO SERVICES, LLC

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

437 S MAIN ST

CITY

CHEBOYGAN

STATE

MI

POSTAL CODE

49721

COUNTRY

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.

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

437 S MAIN ST

CITY

CHEBOYGAN

STATE

MI

POSTAL CODE

49721

COUNTRY

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

437 S MAIN ST

CITY

CHEBOYGAN

STATE

MI

POSTAL CODE

49721

COUNTRY

USA

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)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

## 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 <input type="checkbox"/>				
18a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>				
OR				
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 <u>one</u> 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 <b>ROSE STAR GROUP, LLC</b>				
OR				
19b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS <b>437 S MAIN ST</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	
20. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> 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 <b>EVENTSBYROSEMARIE</b>				
OR				
20b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS <b>437 S MAIN ST</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	
21. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> 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 <b>Boie</b>		FIRST PERSONAL NAME <b>Kip</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Alan</b>	SUFFIX
21c. MAILING ADDRESS <b>116 Eagle Pointe Rd</b>		CITY <b>Coleraine</b>	STATE <b>MN</b>	POSTAL CODE <b>55722</b>
			COUNTRY <b>USA</b>	
22. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> 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. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (23a or 23b)				
23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	
24. MISCELLANEOUS:				



## 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 <input type="checkbox"/>				
18a. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY				
OR				
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 <u>one</u> 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				
OR				
19b. INDIVIDUAL'S SURNAME Capin		FIRST PERSONAL NAME Rosemarie	ADDITIONAL NAME(S)/INITIAL(S) Amaya	
19c. MAILING ADDRESS 14915 SW 48 TER VILLA F		CITY Miami	STATE FL	POSTAL CODE 33185
			COUNTRY USA	
20. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> 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		CITY	STATE	POSTAL CODE
			COUNTRY	
21. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> 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)	
21c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	
22. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (22a or 22b)				
22a. ORGANIZATION'S NAME				
OR				
22b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	
22c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	
23. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (23a or 23b)				
23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	
23c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
			COUNTRY	
24. MISCELLANEOUS:				



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Michigan Department of State - Uniform Commercial Code

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

Filing Number: 20220603000739-2

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>437 S MAIN ST</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME <b>BOIE</b>	FIRST PERSONAL NAME <b>KIP</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>ALAN</b>	SUFFIX
2c. MAILING ADDRESS <b>116 EAGLE POINTE RD # 507</b>		CITY <b>COLERAINE</b>	STATE <b>MN</b>	POSTAL CODE <b>55722</b>
			COUNTRY <b>USA</b>	

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 <b>C T Corporation System, as representative</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>330 N Brand Blvd, Suite 700; Attn: SPRS</b>		CITY <b>Glendale</b>	STATE <b>CA</b>	POSTAL CODE <b>91203</b>
			COUNTRY <b>USA</b>	

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

All assets now or hereafter acquired and wherever located, including but not limited to, the following subcategories of assets: a. Accounts, including but not limited to, credit card receivables b. chattel paper c. inventory d. equipment e. instruments, including but not limited to, promissory notes; f. investment property; g. documents h. deposit accounts; i. letter of credit rights; j. general intangibles; k. supporting obligations; proceeds of products of the foregoing. NOTICE PURSUANT TO AN AGREEMENT BETWEEN DEBTOR AND SECURED PARTY, DEBTOR HAS AGREED NOT TO FURTHER ENCUMBER THE COLLATERAL DESCRIBED HEREIN, THE FURTHER ENCUMBERING OF WHICH MAY CONSTITUTE THE TORTUOUS INTERFERENCE WITH THE SECURED PARTY'S RIGHT BY SUCH ENCUMBRANCE IN THE EVENT THAT ANY ENTITY IS GRANTED A SECURITY INTEREST IN DEBTOR'S ACCOUNTS, CHATTEL, PAPER OR GENERAL INTANGIBLES CONTRARY TO THE ABOVE, THE SECURED PARTY'S ASSERTS A CLAIM TO ANY PROCEEDS THEREOF RECEIVED BY SUCH ENTITY.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: <b>86919049</b>	

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Michigan Department of State - Uniform Commercial Code

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Corporation Service Company 800-858-5294</b>
B. E-MAIL CONTACT AT FILER (optional) <b>FilingDept@cscinfo.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703 USA</b>

Filing Number: 20220623001023-9

Filing Date and Time: 06/23/2022 05:10 PM

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>The Great Lakes Tissue Company DBA The Great Lakes Tissue Company</b>				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS <b>437 South Main Street</b>	CITY <b>Cheboygan</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>	COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME <b>Boie</b>	FIRST PERSONAL NAME <b>Kip</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Alan</b>		SUFFIX
2c. MAILING ADDRESS <b>116 Eagle Pointe Road</b>	CITY <b>Coleraine</b>	STATE <b>MN</b>	POSTAL CODE <b>55722</b>	COUNTRY <b>USA</b>

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 <b>CORPORATION SERVICE COMPANY, AS REPRESENTATIVE</b>				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS <b>P.O. Box 2576 uccsprep@cscinfo.com</b>	CITY <b>Springfield</b>	STATE <b>IL</b>	POSTAL CODE <b>62708</b>	COUNTRY <b>USA</b>

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

Certain future receivables sold by said business as seller, and purchased by Oak Advance LLC, as buyer, pursuant to that certain purchase and sale of future receivables agreement between seller and purchaser dated 06/16/2022 (the "agreement and all subsequent Oak Advance LLC, agreements "). the sale of the future receivables pursuant to the agreement is intended by the parties thereto to be an outright sale of such future receivables and not intended to be, nor is it to be constructed as, a financing or an assignment for securing the obligations of the seller, this UCC financing statement is filed for notice purposes only.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: <b>[234621390]</b>	

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Michigan Department of State - Uniform Commercial Code

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Corporation Service Company 800-858-5294</b>
B. E-MAIL CONTACT AT FILER (optional) <b>FilingDept@cscinfo.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Corporation Service Company 801 Adlai Stevenson Dr Springfield, IL 62703 USA</b>

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>The Great Lakes Tissue Company DBA Great Lakes Tissue Company and The Great Lakes Tissue</b>			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS <b>437 S main St</b>	CITY <b>Cheboygan</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b> COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME			
OR	2b. INDIVIDUAL'S SURNAME <b>Boie</b>	FIRST PERSONAL NAME <b>Kip Alan</b>	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
2c. MAILING ADDRESS <b>116 Eagle Pointe Road</b>	CITY <b>Coleraine</b>	STATE <b>MN</b>	POSTAL CODE <b>55722</b> COUNTRY <b>USA</b>

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 <b>Silverline Services Inc.</b>			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS <b>265 Sunrise Highway, Suite 236</b>	CITY <b>Rockville Centre</b>	STATE <b>NY</b>	POSTAL CODE <b>11570</b> COUNTRY <b>USA</b>

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

**Certain future receivables sold by said business seller and purchased by Silverline Services Inc., as buyer, pursuant to that certain purchase and sale of future receivables agreement between seller and purchaser dated 7/07/2022 (the "agreement")**

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

**[235948914]**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Michigan Department of State - Uniform Commercial Code

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Daniel Smith</b>
B. E-MAIL CONTACT AT FILER (optional) <b>dan.smith@michigancat.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>Daniel Smith 7700 Caterpillar Ct Grand Rapids, MI 49548 USA</b>

Filing Number: 20220824000063-7

Filing Date and Time: 08/24/2022 09:17 AM

Total Number of Pages: 1

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS <b>437 S. MAIN STREET</b>		CITY <b>Cheboygan</b>	STATE <b>MI</b> POSTAL CODE <b>49721</b> COUNTRY <b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
2c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>MACALLISTER MACHINERY CO., INC. DBA MICHIGAN CAT</b>			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS <b>24800 NOVI ROAD</b>		CITY <b>Novi</b>	STATE <b>MI</b> POSTAL CODE <b>48375</b> COUNTRY <b>USA</b>

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

1-CATERPILLAR MODEL 926M S/N: LTE05379

And substitutions, replacements, additions and accessions thereto, now owned or hereafter acquired and proceeds thereof. The above collateral is within the scope of Article 9 of the Uniform Commercial Code

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

Michigan Department of State - Uniform Commercial Code

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

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1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>THE GREAT LAKES TISSUE COMPANY</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>437 S. MAIN ST</b>		CITY <b>CHEBOYGAN</b>	STATE <b>MI</b>	POSTAL CODE <b>49721</b>
			COUNTRY <b>USA</b>	

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Bank of the West</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>1625 W. Fountainhead Pkwy, AZ-FTN-10C-A, AZ-FTN-10C-A</b>		CITY <b>Tempe</b>	STATE <b>CA</b>	POSTAL CODE <b>85282</b>
				COUNTRY <b>USA</b>

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

**CATERPILLAR 926M HL SN:LTE05379 and all related equipment or financed from Bank of the West including, but not limited to those items and proceeds thereof, set forth in the agreement listed below and in any and all subsequent addendums and schedules to the agreement. Agreement # 2694215.**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: <b>88452570</b>	

EXHIBIT 6

# 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 AMENDMENT**

## FOLLOW INSTRUCTIONS

**Lien Solutions**

Representation of filing

**This filing is Completed**

File Number : 20220927000337-5

File Date : 27-Sep-2022

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 19133 - HUNTINGTON	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88998306  MIMI
File with: Department of State, MI	

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**1a. INITIAL FINANCING STATEMENT FILE NUMBER  
20200316000181-0 3/16/2020 SS MI1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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
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8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME CHEMICAL BANK A DIVISION OF TCF NATIONAL BANK			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:** Debtor Name: THE GREAT LAKES TISSUE COMPANY  
88998306 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 #: 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

Lien Solutions

Representation of filing

This filing is Completed

File Number : 20220927000340-9

File Date : 27-Sep-2022

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 19133 - HUNTINGTON	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88998343  MIMI

File with: Department of State, MI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

20200728000047-8 7/28/2020 SS MI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☒ TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c☐ ADD name: Complete item 7a or 7b, and item 7c☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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
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8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME CHEMICAL BANK A DIVISION OF TCF NATIONAL BANK			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: THE GREAT LAKES TISSUE COMPANY

88998343

611400

8004210736

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

Prepared by Lien Solutions, P.O. Box 29071,  
Glendale, CA 91209-9071 Tel (800) 331-3282

## UCC FINANCING STATEMENT AMENDMENT

Michigan Department of State - Uniform Commercial Code

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>MCKENZIE M MICKELSON</b>
B. E-MAIL CONTACT AT FILER (optional) <b>mmickelson11@nicoletbank.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>MCKENZIE M MICKELSON</b> <b>111 N Washington Street</b> <b>Green Bay, WI 54301 USA</b>

Filing Number: 20220929000580-3

Filing Date and Time: 09/29/2022 02:13 PM

Total Number of Pages: 1

(This document was filed electronically)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**20161130000077-4**1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address: Complete  
item 6a or 6b; and item 7a or 7b and item 7c☐ ADD name: Complete item  
7a or 7b, and item 7c☐ DELETE name: Give record name  
to be deleted in item 6a or 6b6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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
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8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME <b>Nicolet National Bank</b>			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX

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

Lien Solutions

Representation of filing

**This filing is Completed**

File Number : 20220927000340-9

File Date : 27-Sep-2022

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 19133 - HUNTINGTON	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88998343  MIMI
File with: Department of State, MI	

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**1a. INITIAL FINANCING STATEMENT FILE NUMBER  
20200728000047-8 7/28/2020 SS MI1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ PARTY INFORMATION CHANGE:Check one of these two boxes:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c☐ ADD name: Complete item 7a or 7b, and item 7c☐ DELETE name: Give record name to be deleted in item 6a or 6b6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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 ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME CHEMICAL BANK A DIVISION OF TCF NATIONAL BANK			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: THE GREAT LAKES TISSUE COMPANY  
88998343 611400

8004210736

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

Prepared by Lien Solutions, P.O. Box 29071,  
Glendale, CA 91209-9071 Tel (800) 331-3282

# 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 AMENDMENT**

FOLLOW INSTRUCTIONS

Lien Solutions

Representation of filing

**This filing is Completed**

File Number : 20220927000337-5

File Date : 27-Sep-2022

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 19133 - HUNTINGTON	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88998306  MIMI
File with: Department of State, MI	

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
20200316000181-0 3/16/2020 SS MI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c☐ ADD name: Complete item 7a or 7b, and item 7c☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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
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8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME CHEMICAL BANK A DIVISION OF TCF NATIONAL BANK			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: THE GREAT LAKES TISSUE COMPANY

88998306

611400

8004210736

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

Prepared by Lien Solutions, P.O. Box 29071,  
Glendale, CA 91209-9071 Tel (800) 331-3282

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

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 Springfield, IL 62703			Filed In: Missouri (S.O.S.)	
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202102090002025302 02/09/2021			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13	
2. <input checked="" type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8				
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law				
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <span style="margin-left: 100px;">AND Check <u>one</u> of these three boxes to:</span> This Change affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <span style="margin-left: 20px;"><input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c</span> <span style="margin-left: 20px;"><input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c</span> <span style="margin-left: 20px;"><input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b</span>				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)				
6a. ORGANIZATION'S NAME INNOVATIVE DENTAL OF HANNIBAL, LLC				
OR				
6b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
				SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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. <input type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral				
Indicate collateral: All of the goods, furniture, fixtures, equipment and other personal property now or hereafter financed to debtor, wherever located, under that certain Equipment Finance Agreement No. AO-002174, including but not limited to the following: AllPoint Software, Install, License 60mos term, and all related peripherals to be more fully described on Exhibit A, together with all replacements, additions, substitutions, accessions, modifications, updates, upgrades, revisions, new versions, enhancements, and accessories incorporated therein and/or affixed thereto and all proceeds thereof, (including, but not limited to, amounts payable under any insurance policy) and all other property under Equipment				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor				
9a. ORGANIZATION'S NAME CORPORATION SERVICE COMPANY as REPRESENTATIVE				
OR				
9b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)
				SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: INNOVATIVE DENTAL OF HANNIBAL, LLC				

2389 11430



**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
202102090002025302 02/09/2021

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a. ORGANIZATION'S NAME  
CORPORATION SERVICE COMPANY as REPRESENTATIVE

OR  
12b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a. ORGANIZATION'S NAME

OR  
13b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

Finance Agreement No. AO-002174, acquired and accepted by Debtor/Lessee after the filing of this UCC-1 Statement.

15. This FINANCING STATEMENT AMENDMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

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

17. Description of real estate:

18. MISCELLANEOUS:

File Number: 20220923002932697

Date Filed: 9/23/2022 5:30 PM

John R. Ashcroft  
Secretary of State

## UCC FINANCING STATEMENT AMENDMENT

## FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Corporation Service Company      800-858-5294				
<b>B. E-MAIL CONTACT AT FILER (optional)</b> SPRFiling@cscglobal.com				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;">           Corporation Service Company            801 Adlai Stevenson Dr            Springfield, IL 62703 USA         </div>				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
202102090002025302

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ **ASSIGNMENT** (full or partial): Give name of Assignee in item 7a and 7b, and address of Assignee in item 7c and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

5. ☐ **PARTY INFORMATION CHANGE:**  
Check one of these two      AND Check one of these three boxes to:  
 This Change affects ☐ Debtor or ☐ Secured Party of record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME			
OR 6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor'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
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8. ☐ **COLLATERAL CHANGE:** Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a ORGANIZATION'S NAME CORPORATION SERVICE COMPANY as REPRESENTATIVE			
OR 9b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**  
Debtor: INNOVATIVE DENTAL OF HANNIBAL, LLC 2389 11430

## UCC FINANCING STATEMENT AMENDMENT

Michigan Department of State - Uniform Commercial Code

## FOLLOW INSTRUCTIONS

Filing Number: 20220929000580-3

Filing Date and Time: 09/29/2022 02:13 PM

Total Number of Pages: 1

(This document was filed electronically)

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>MCKENZIE M MICKELSON</b>
B. E-MAIL CONTACT AT FILER (optional) <b>mmickelson11@nicolebank.com</b>
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) <b>MCKENZIE M MICKELSON 111 N Washington Street Green Bay, WI 54301 USA</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
**20161130000077-4**1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 132. ☒ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ **ASSIGNMENT** (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☐ **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ **PARTY INFORMATION CHANGE:**Check one of these two boxes:AND Check one of these three boxes to:This Change affects ☐ Debtor or ☐ Secured Party of record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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 ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

**Nicolet National Bank**

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:****600001973**

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

Lien Solutions

Representation of filing

This filing is Completed

File Number : 20220927000340-9

File Date : 27-Sep-2022

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 19133 - HUNTINGTON	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88998343  MIMI

File with: Department of State, MI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER

20200728000047-8 7/28/2020 SS MI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c☐ ADD name: Complete item 7a or 7b, and item 7c☐ DELETE name: Give record name to be deleted in item 6a or 6b

8. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

THE GREAT LAKES TISSUE COMPANY

OR

6b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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 ☐ RESTATE covered collateral ☐ ASSIGN collateral

Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

CHEMICAL BANK A DIVISION OF TCF NATIONAL BANK

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: THE GREAT LAKES TISSUE COMPANY

88998343

611400

8004210736

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

Prepared by Lien Solutions, P.O. Box 29071,  
Glendale, CA 91209-9071 Tel (800) 331-3282

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

Lien Solutions

Representation of filing

This filing is Completed

File Number : 20220927000337-5

File Date : 27-Sep-2022

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 19133 - HUNTINGTON	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	88998306  MIMI
File with: Department of State, MI	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
20200316000181-0 3/16/2020 SS MI

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☒ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement

3. ☐ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law

5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c☐ ADD name: Complete item 7a or 7b, and item 7c☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME THE GREAT LAKES TISSUE COMPANY			
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor'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
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8. ☐ COLLATERAL CHANGE: Also check one of these four boxes: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN collateral  
Indicate collateral:

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME CHEMICAL BANK A DIVISION OF TCF NATIONAL BANK			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: THE GREAT LAKES TISSUE COMPANY

88998306

611400

8004210736

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

Prepared by Lien Solutions, P.O. Box 29071,  
Glendale, CA 91209-9071 Tel (800) 331-3282

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141																				
<b>B. E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com																				
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;">         Lien Solutions          P.O. Box 29071          Glendale, CA 91209-9071       </div> <div style="width: 45%; text-align: center;">         89058001           MIMI       </div> </div>																				
File with: Department of State, MI			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY																	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20220603000739-2 6/3/2022 SS MI		1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS <small>Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>																		
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement																				
3. <input type="checkbox"/> ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>																				
4. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law																				
5. <input type="checkbox"/> PARTY INFORMATION CHANGE: Check <u>one</u> of these two boxes: <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record AND Check <u>one</u> of these three boxes to: <input type="checkbox"/> CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c <input type="checkbox"/> ADD name: Complete item 7a or 7b, and item 7c <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b																				
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only <u>one</u> name (6a or 6b)																				
6a. ORGANIZATION'S NAME <hr/>																				
OR <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">6b. INDIVIDUAL'S SURNAME</td> <td style="width: 25%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</td> <td style="width: 25%; border-bottom: 1px solid black;">ADDITIONAL NAME(S)/INITIAL(S)</td> <td style="width: 10%; border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>					6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX												
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																	
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)																				
7a. ORGANIZATION'S NAME <hr/>																				
OR <table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="border-bottom: 1px solid black;">7b. INDIVIDUAL'S SURNAME</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black;">INDIVIDUAL'S FIRST PERSONAL NAME</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black;">INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>					7b. INDIVIDUAL'S SURNAME				INDIVIDUAL'S FIRST PERSONAL NAME				INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX			
7b. INDIVIDUAL'S SURNAME																				
INDIVIDUAL'S FIRST PERSONAL NAME																				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)																				
SUFFIX																				
7c. MAILING ADDRESS <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">CITY</td> <td style="width: 15%; border-bottom: 1px solid black;">STATE</td> <td style="width: 15%; border-bottom: 1px solid black;">POSTAL CODE</td> <td style="width: 30%; border-bottom: 1px solid black;">COUNTRY</td> </tr> </table>					CITY	STATE	POSTAL CODE	COUNTRY												
CITY	STATE	POSTAL CODE	COUNTRY																	
8. <input checked="" type="checkbox"/> COLLATERAL CHANGE: Also check <u>one</u> of these four boxes: <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input checked="" type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral Indicate collateral: Secured Party has purchased an interest in accounts and proceeds from Debtor, described as "Receipts" in the agreement between Debtor and Secured Party, and as a result, Secured Party has a security interest in such Receipts. "Receipts" means all accounts receivable and payment rights arising out of or relating to Merchant's sale or delivery of goods and/or services due to Debtor after the date of the agreement, whether paid directly by Merchant's customers or paid by others on Merchant's customers' behalves or as reimbursements. Debtor and Secured Party intend that the sale of Receipts is a sale and not an assignment for security. Secured Party has been granted a security interest in: all accounts and proceeds.																				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor																				
9a. ORGANIZATION'S NAME C T Corporation System, as representative																				
OR <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">9b. INDIVIDUAL'S SURNAME</td> <td style="width: 25%; border-bottom: 1px solid black;">FIRST PERSONAL NAME</td> <td style="width: 25%; border-bottom: 1px solid black;">ADDITIONAL NAME(S)/INITIAL(S)</td> <td style="width: 10%; border-bottom: 1px solid black;">SUFFIX</td> </tr> </table>					9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX												
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX																	
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: THE GREAT LAKES TISSUE COMPANY 89058001																				

EXHIBIT 7

## 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](mailto:mscott@buchalter.com)

18400 Von Karman Avenue, Suite 800  
Irvine, CA 92612-0514  
[www.buchalter.com](http://www.buchalter.com) | [Bio](#) | [LinkedIn](#)

**From:** Scott, Mark M. <[mscott@buchalter.com](mailto:mscott@buchalter.com)>  
**Sent:** Tuesday, February 14, 2023 11:22 AM  
**To:** donald swenson <[donaldcswenson@icloud.com](mailto: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](mailto:mscott@buchalter.com)

18400 Von Karman Avenue, Suite 800  
Irvine, CA 92612-0514  
[www.buchalter.com](http://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](mailto:mscott@buchalter.com)

---

18400 Von Karman Avenue, Suite 800  
Irvine, CA 92612-0514  
[www.buchalter.com](http://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](mailto:mscott@buchalter.com)

---

18400 Von Karman Avenue, Suite 800  
Irvine, CA 92612-0514  
[www.buchalter.com](http://www.buchalter.com) | [Bio](#) | [LinkedIn](#)

**From:** donald swenson <[donaldcswenson@icloud.com](mailto:donaldcswenson@icloud.com)>  
**Sent:** Monday, February 13, 2023 2:39 PM  
**To:** Scott, Mark M. <[mscott@buchalter.com](mailto: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](mailto: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](mailto: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

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

---

18400 Von Karman Avenue, Suite 800  
Irvine, CA 92612-0514  
[www.buchalter.com](http://www.buchalter.com) | [Bio](#) | [LinkedIn](#)

**From:** Song Lo <[song@songlolaw.com](mailto:song@songlolaw.com)>  
**Sent:** Friday, February 10, 2023 3:18 PM  
**To:** Scott, Mark M. <[mscott@buchalter.com](mailto:mscott@buchalter.com)>  
**Cc:** donald swenson <[donaldcswenson@icloud.com](mailto:donaldcswenson@icloud.com)>; Richard Kranitz  
<[Kranrich@msn.com](mailto:Kranrich@msn.com)>  
**Subject:** Re: Great Lakes Tissue Company [IWOV-BN.FID4322580]

This message has originated from an External Email. [song@songlolaw.com](mailto:song@songlolaw.com) <[song@songlolaw.com](mailto: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  
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[song@songlolaw.com](mailto:song@songlolaw.com)

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On Feb 10, 2023, at 5:07 PM, Scott, Mark M.  
<[msscott@buchalter.com](mailto:msscott@buchalter.com)> 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

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**Mark M. Scott**  
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T (949) 224-6217  
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[msscott@buchalter.com](mailto:msscott@buchalter.com)

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EXHIBIT 8

**Scott, Mark M.**

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**From:** Scott, Mark M.  
**Sent:** Friday, February 17, 2023 1:03 PM  
**To:** donald swenson  
**Cc:** Ron Van Den Heuvel  
**Subject:** RE: Emailing - Signed - Great Lakes.Lease.1.30.22.v2.pdf [IWOV-BN.FID4322576]

Mr. Van Den Heuvel—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](mailto:mscott@buchalter.com)

---

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Irvine, CA 92612-0514  
[www.buchalter.com](http://www.buchalter.com) | [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 <donaldcswenson@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  
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**From:** Don Swenson <[dswenson@stonehill-financial.com](mailto:dswenson@stonehill-financial.com)>  
**Sent:** Friday, February 17, 2023 8:03 AM  
**To:** Scott, Mark M. <[mscott@buchalter.com](mailto:mscott@buchalter.com)>  
**Cc:** Ron Van Den Heuvel <[RVDH@PCDIWI.COM](mailto:RVDH@PCDIWI.COM)>; donald swenson <[donaldcswenson@icloud.com](mailto: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](mailto: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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