



UCC

LIEN NO. 93902526

WEISHOFF, GABRIELLE

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
 Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT SUBMITTER (optional)
 uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 9310 - PATTERSON

Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	99401466 OROR
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File with: Secretary of State, OR
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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				
OR				
1b. INDIVIDUAL'S SURNAME Weishoff	FIRST PERSONAL NAME Gabrielle	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 901 Dale Ct	CITY Molalla	STATE OR	POSTAL CODE 97038-8915	COUNTRY USA

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

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

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

3a. ORGANIZATION'S NAME Patterson Dental Supply Inc				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 1031 Mendota Hgts. Rd.	CITY St. Paul	STATE MN	POSTAL CODE 55120	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
 See Attached Schedule A

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

8. OPTIONAL FILER REFERENCE DATA:

99401466 448

201104969



DEARBORN FAMILY DENTISTRY
590 DEARBORN AVE NE
KEIZER OR 97303-4552
US

SHIP TO

SOLD BY

Patterson Dental Supply, Inc.
7620 SW BRIDGEPORT RD
PORTLAND OR 97224-7700
US

Customer #: 0201104970 Bill Cust #: 0201104969

Telephone: (503) 670-0456
Representative: Kelly Small

INVOICE

Order #	Pack Slip #	Invoice #
0622170621	8029585076	3031624185

Ship Date : 06-18-2024 8:13:50 PM
Invoice Date : 06-18-2024
Customer P.O. :
Fulfillment Ctr:
Patterson Dental Supply, Inc.
7620 SW BRIDGEPORT RD
PORTLAND OR 97224-7700
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
71077494	1.000	1.000	EA	SIRONA	6692714	PSAC24T2 Primescan DI Instant Savings - \$15k Instant Discount off Primescan DI PRIMESCAN DI AC TP STEEL Subject to hazardous material transport fee Serial # 115284	\$ 29995.00	\$ 29995.00
Total								

Terms of Payment
APAK Funded
Remit Payment to :
Patterson Dental Supply, Inc.
PO Box 732865
Dallas TX 75373-2865

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by TraceLink. Enter <https://app.tracelink.com/login> into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected. Safety Data Sheets can be found on the Patterson Website or by going to <https://www.pattersondental.com/sds>

Sub Total		\$ 29995.00
Local Tax	0%	\$0.00
State Tax	0%	\$0.00
Freight		\$ 199.00
Hazmat Fee		\$ 31.99
Total		\$ 30225.99