FILED: JUN 24, 2024 01:21 PM OREGON SECRETARY OF STATE



LIEN NO. 93904204

PACIFIC LITHOTRIPSY

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) 24538 - BA	NNER BANK -	•			
P.O. Box 29071	99442545				
Glendale, CA 91209-9071 OROF	OROR				
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORM	IATION	THE ABOVE SPA	CE IS F	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, ful name will not fit in line 1b, leave all of item 1 blank, check here and provide)	I name; do not omit, r	nodify, or abbreviate any part of	the Debto	r's name); if any part of the Inc	dividual Debtor's
1a. ORGANIZATION'S NAME		The state of the s	-	atement Addendari (Form OC	CIAU
Pacific Lithotripsy Services LLC OR 1b. INDIVIDUAL'S SURNAME	TEIDET DEDECMAN	NAME	Linna		T
ID. INDIVIDUAL S SUNVAINE	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
1c. MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY
12736 N Umpqua Hwy			OR	97470	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	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE .	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Provi	de only one Secured Party nam	e (3a or 3	D)	<u></u>
3a, ORGANIZATION'S NAME Banner Bank			•		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(SYINITIAL(S) SUFFIX	
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1455 E. McAndrews Rd	Medford	 :	OR	97504-6107	USA
4. COLLATERAL: This financing statement covers the following collateral: All Inventory, Chattel Paper, Accounts, Equipment and General Intangibles; 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					
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5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative					
6a. Check only if applicable and check only one box:				if applicable and check only	
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility			Agricult	ural Lien Non-UCC F	iling

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

51024526

UCC

Licensee/Licensor

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

8. OPTIONAL FILER REFERENCE DATA:

99442545