



LIEN NO. 93957367

JAMES, BENJAMIN DORN

UCC

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)  
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141B. 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 91209-9071100228771  
OROR

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	James	Benjamin	Dornath	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
6455 NE Pettibone Dr	Corvallis	OR	97330	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	CITY	STATE	POSTAL CODE	COUNTRY
1031 Mendota Hgts. Rd.	St. Paul	MN	55120	USA

4. COLLATERAL: This financing statement covers the following collateral:  
See Attached Schedule A5. 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 Representative6a. Check only if applicable and check only one box:☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien ☐ Non-UCC Filing7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

100228771

448

201100952

# PATTERSON DENTAL

WILLOW DENTAL GROUP LLC  
20140 MCLOUGHLIN BLVD  
GLADSTONE OR 97027-2604  
US

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

Ship Date : 07-30-2024 2:35:04 PM  
Invoice Date : 08-13-2024  
Customer P.O. :  
Fulfillment Ctr:  
Shipped by Vendor/Manufacturer

Customer #: 0201100953 Bill Cust #: 0201100952  
Loyalty Status: Preferred

Telephone: (503) 670-0456  
Representative: John Lauerman

Order #	Pack Slip #	Invoice #
0622439494		3032446017

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
101584299	1,000	1,000	EA	CONVER	TOP-00040	SOLEA 5 YR TOTAL CARE BUNDLE MODEL 3	\$ 134995.00	\$ 134995.00
101647176	1,000	1,000	EA	CONVER	SRV-00104	IN-OFFICE COACH PROG 2ND CONSECUTIVE DAY	\$ 750.00	\$ 750.00
101654441	1	0	EA	CONVER	TOP-00096	SOLEA SLEEP STARTER KIT MODEL 3		
Items to be drop shipped from the vendor.								

Total 2 2  
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 dispose information from this invoice to Medicare, Medicaid, or similar state, federal or private payors 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 Tracalink. Enter <https://app.tracalink.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	\$ 135745.00
Local Tax	0%
State Tax	0%
Total	\$ 135745.00