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FILED: AUG 21, 2024 03:16 PM OREGON SECRETARY OF STATE



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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER [optional] Erich M. Paetsch B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Saalfeld Griggs PC Attn: Erich M. Paetsch PO Box 470 Salem, IR 97308	ICC LIEN P		IW PORTLAND DE
A. NAME & PHONE OF CONTACT AT FILER [optional] Erich M. Paetsch B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Saalfeld Griggs PC Attn: Erich M. Paetsch PO Box 470			
B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Saalfeld Griggs PC Attn: Erich M. Paetsch PO Box 470			
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Attn: Erich M. Paetsch PO Box 470			
PO Box 470			
- 11 - 11 -			,
Salem, IR 97308			
	E ABOVE SPACE IS F	OR FILING OFFICE US	SE ONLY
DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbrevi	ate any part of the Debtor's	s name); if any part of the in-	dividual Debtor's
and provide the Individual Debtor information in	item 10 of the Financing S	tatement Addendum (Form	UCC1Ad)
1a. ORGANIZATION'S NAME NW Portland Dental LLC	-		
R 15. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME			
PINOT PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS CITY	STATE	POSTAL CODE	COUNTRY
24 3RD STREET SOUTH Nampa	ID	83651	USA
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS . CITY	STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY); Provide only one Secu	red Party name (3a or 3b)		
0. 000.007.77.0000			
3a. ORGANIZATION'S NAME			
R			
R 35. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
R 35. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Dietrich Richard	L.		DMD
R 35. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME	ADDITIO L. STATE	NAL NAME(S)/INITIAL(S) POSTAL CODE . 97225	I

8. OPTIONAL FILER REFERENCE DATA

40561-00001