



LIEN NO. 93991609

MB2 DENTAL SOLUTIONS

UCC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | |
|---|-------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141 | |
| 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 | 100899980 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 MB2 DENTAL SOLUTIONS, LLC | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 1c. MAILING ADDRESS 2403 Lacy Lane | | CITY Carrollton | STATE TX | POSTAL CODE 75006-6514 |
| | | | | 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 PASTRELL, BUCHANAN & HARTZELL DENTISTRY, LLC | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 2c. MAILING ADDRESS 1050 SW Grandview Ave | | CITY Grants Pass | STATE OR | POSTAL CODE 97527-5527 |
| | | | | COUNTRY USA |

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

The collateral covered by this Financing Statement is owned by MB2 DENTAL SOLUTIONS LLC. This Financing Statement's sole purpose is to provide notice that the collateral described herein and located at the debtor is subject to a purchase money security interest held by the secured party.

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 Agricultural Lien Non-UCC Filing

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

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

8. OPTIONAL FILER REFERENCE DATA:

100899980

304

201025452



INVOICE

| Order # | Pack Slip # | Invoice # |
|------------|-------------|------------|
| 0622151838 | 8030684123 | 3033031506 |

SHIP TO

MB2 PASTRELL BUCHAN HARTZ
OR0010
1050 SW GRANDVIEW AVE
GRANTS PASS OR 97527-5527
US

SOLD BY

Patterson Dental Supply, Inc.
2019 COMMERCE DR
MEDFORD OR 97504-9744
US

Ship Date : 09-19-2024 11:21:50 AM
Invoice Date : 09-19-2024
Customer P.O. :
Fulfillment Ctr:
Patterson Dental Supply, Inc.
2019 COMMERCE DR
MEDFORD OR 97504-9744
US

Location ID : OR0010
Customer #: 0200033771
Bill Cust #: 0201071357
Loyalty Status: Onyx

Telephone: (541) 779-2001
Representative: Brent Barr

| Product # | Ordered | Shipped | Unit | Vendor | Vendor #: | Description | Unit Price | Amount |
|-----------|---------|---------|------|--------|--------------|--|------------|-------------|
| 31045849 | 2.000 | 2.000 | EA | PORTER | 6300-1 | Floor MT Outlet Station (O2, N2O) | \$ 424.48 | \$ 848.96 |
| 31047724 | 4.000 | 4.000 | EA | PORTER | 2020 | Solid Wall MT (Telescoping) | \$ 291.13 | \$ 1164.52 |
| 101622578 | 2.000 | 2.000 | EA | MIDMEQ | M11-040 | MIDMARK M11 STEAM STERILIZER 115V Serial # V2666066 Serial # V2666076 | \$ 6216.80 | \$ 12433.60 |
| 31075820 | 1.000 | 1.000 | EA | SCICAN | L110W-D01-G4 | HYDRIM L110W G4 INSTRUMENT WASHER Serial # 400124F00063 | \$ 8828.54 | \$ 8828.54 |
| 70457952 | 1.000 | 1.000 | EA | SCICAN | G4-201103 | STATIM 5000 G4 Serial # 510924G00132 | \$ 6398.99 | \$ 6398.99 |
| 101541665 | 2.000 | 2.000 | EA | ADEC | 311 | 311 DENTAL CHAIR Serial # 24H311-B00074 Serial # 24H311-B00075 | \$ 4390.00 | \$ 8780.00 |
| 101435933 | 2.000 | 2.000 | EA | ADEC | 332 | 332 TRADITIONAL RADIUS DELIVERY SYSTEM Serial # 24H332-A00056 Serial # 24H332-A00055 | \$ 5242.40 | \$ 10484.80 |
| 101541650 | 2.000 | 2.000 | EA | ADEC | 545 | 545 12 O'CLOCK WORKSURFACE & INSTRU Serial # 24H545-A00024 | \$ 2944.50 | \$ 5889.00 |

Terms of Payment
Net Due 30 Days from Inv. Date

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>



PATTERSON[®]
DENTAL

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OR0010
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| Product # | Ordered | Shipped | Unit | Vendor | Vendor #: | Description | Unit Price | Amount |
|-----------|---------|---------|------|---------|-----------|--|-------------|-------------|
| 101546711 | 2.000 | 2.000 | EA | ADEC | 574L | Serial # 24H545-A00007 574L CABINET MOUNT LED LIGHT | \$ 3345.00 | \$ 6690.00 |
| 101555747 | 1.000 | 1.000 | EA | ADEC | 594 | Serial # 24H574L-A00017 Serial # 24H574L-A00015 INSPIRE 594 STERILIZATION CENTER | \$ 13227.50 | \$ 13227.50 |
| 101535974 | 1.000 | 1.000 | EA | ADEC | 5543 | Serial # 24H594-A10071 5543 CENTRAL CONSOLE | \$ 11911.50 | \$ 11911.50 |
| 101579938 | 2.000 | 2.000 | EA | ADEC | 5562 | Serial # 24H5543-A10075 TREATMNT COLUMN ACCENT CLR | \$ 5426.50 | \$ 10853.00 |
| 101552728 | 2.000 | 2.000 | EA | ADEC | 382 | Serial # 24H5562-A10004 Serial # 24H5562-A10005 382 RADIUS-STYLE MONITOR MOUNT - LOCKING | \$ 807.50 | \$ 1615.00 |
| 71343946 | 2.000 | 2.000 | EA | SCHICK2 | 100008633 | Serial # 24G382-A00017 Serial # 24H382-A00012 SCHICK33 S2 SNSR START KT 3.0 USB IN 6FT | \$ 4842.75 | \$ 9685.50 |
| | | | | | | Serial # WS20004927 Serial # WS20004935 | | |

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|-----------|---------|---------|------|---------|-----------|--|------------|------------|
| 71183912 | 2.000 | 2.000 | EA | SCHICK2 | 100008286 | SCHICK 3.0 USB INTERFACE Serial # 2031977 Serial # 2031976 | \$ 696.50 | \$ 1393.00 |
| 71342021 | 2.000 | 2.000 | EA | SIROEQ | 100007971 | 3.0 USB A/B CABLE 5M | \$ 42.00 | \$ 84.00 |

Total 30 30

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Sub Total \$ 110287.91
Local Tax 0% \$0.00
State Tax 0% \$0.00

Total \$ 110287.91