FILED: OCT 03, 2024 04:06 PM OREGON SECRETARY OF STATE UCC LIEN NO. 93998180 BECKER, JAKE

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (or Name: Wolters Kluwer Lien Solutions Phone: 800						
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address	ss) 9310 - PATTERSON					
Lien Solutions P.O. Box 29071	101005134					
Glendale, CA 91209-9071	OROR					
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CO				OR FILING OFFICE US		
 DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a c name will not fit in line 1b, leave all of item 1 blank, check her 						
1a. ORGANIZATION'S NAME	and provide the individual Debtor is		incing Sta	- Addendam (Form C	CCTAG)	
OR						
OR 1b. INDIVIDUAL'S SURNAME Becker	FIRST PERSONAL N	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
1221 SW Yamhill Street, Ste 310	Portland		OR	97205-2110	USA	
DEBTOR'S NAME: Provide only one Debtor name (2a on name will not fit in line 2b, leave all of item 2 blank, check her 2a. ORGANIZATION'S NAME	e and provide the Individual Debtor in	nformation in item 10 of the Fina	ncing Sta	stement Addendum (Form U	CC1Ad)	
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N.	AMÉ	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE		e only one Secured Party name	(3a or 3))		
3a. ORGANIZATION'S NAME		· 	••••			
Patterson Dental Supply Inc OR 3b. INDIVIDUAL'S SURNAME						
36. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIO	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 See Attached Schedule A	ng collateral:					

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: 6b. Check only if applicable and check only one box:								
Public-Finance Transaction	Manufactured-Home Trans	action A Debtor is a Tran	smitting Utility	Agricultural Lien	Non-UCC Filing			
7. ALTERNATIVE DESIGNATION (if	applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor			
8. OPTIONAL FILER REFERENCE D 101005134	DATA: 448			200033462	_			



DOWNTOWN DENTAL ASSOCIATES 1221 SW YAMHILL ST STE 310 PORTLAND OR 97205-2110 US

Customer #: 0200033462

Loyalty Status:

Preferred

D

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

Telephone:

(503) 670-0456 Representative: Dale Caudle

INVOICE

Order#	Pack Slip #	Invoice #
0622578665	8030703751	3033063566

Ship Date :

09-20-2024

4:12:17 PM

Invoice Date:

09-20-2024

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 5
	,	v ·				PSAC24T3 Primescan AC Instant Saving - \$15k Instant Discount on		
						Primescan DI		
			•			PMT24T3 Trade In or Trade Up - Trade in DS Legacy CEREC Milling Unit		
						<(>&<)> Receive \$20k Instant Discount on CEREC Primemill		
71077494	1.000	1.000	ΕA	SIRONA	6692714	PRIMESCAN DI AC TP STEEL	\$ 29995.00	\$ 29995.00
						Subject to hazardous material transport fee		
			•			Serial # 115522		
71202142	1.000	1.000	EΑ	SIRONA	6726561	CEREC PRIMEMILL	\$ 79995.00	\$ 79995.00
						Serial # 657539		

Total 2 2 Terms of Payment APAK Funded Remit Payment to: Patterson Dental Supply, Inc. PO Box 732865	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 Local Tax State Tax Freight Hazmat Fee	0% 0%	\$ 109990.00 \$0.00 \$0.00 \$ 780.71 \$ 31.99	
Dallas TX 75373-2865		i			
Page 1 of 1		Total	***	\$ 110802.70	



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DOWNTOWN DENTAL ASSOCIATES 1221 SW YAMHILL ST STE 310 PORTLAND OR 97205-2110 US

Customer #: 0200033462

Loyalty Status:

Preferred



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

Telephone:

(503) 670-0456

Representative: Dale Caudle

INVOICE

Order#	Pack Slip #	Invoice #		
0622578665	8030703816	3033063567		

Ship Date:

09-20-2024

4:12:17 PM

Invoice Date:

09-20-2024

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 5	1
	•					PSAC24T3 Primescan AC Instant Saving - \$15k Instant Discount on			
						Primescan DI			
						PMT24T3 Trade In or Trade Up - Trade in DS Legacy CEREC Milling Unit			
						<(>&<)> Receive \$20k Instant Discount on CEREC Primemill			
71346220	1.000	1.000	EΑ	SEMGEQ	6772771	CEREC SW 5.2 + PRO MODULE UPGRADE	\$ 19995.00	\$ 19995.00	

Total 1 1 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 Local Tax State Tax Freight	0% 0%	\$ 19995.00 \$0.00 \$0.00 \$ 141.88
Page 1 of 1		Total	. _	\$ 20136.88