



UCC LIEN NO. 94012063 WEISHOFF, GABRIELLE

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	101236446 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
	Weishoff	Gabrielle	Lynn Schaefer	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
901 Dale Ct		Molalla	OR	97038-8915
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				
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
1031 Mendota Hgts. Rd.		St. Paul	MN	55120
COUNTRY				
USA				

4. COLLATERAL: This financing statement covers the following collateral:
See Attached Schedule A

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

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

Agricultural Lien Non-UCC Filing

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

8. OPTIONAL FILER REFERENCE DATA:

101236446 448 201104969



DEARBORN FAMILY DENTISTRY
590 DEARBORN AVE NE
KEIZER OR 97303-4552
US

S
H
I
P
T
O

S
O
L
D
B
Y

Customer #: 0201104970 Bill Cust #: 0201104969

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

Telephone: (503) 670-0456
Representative: Kelly Small

INVOICE

Order #	Pack Slip #	Invoice #
0622711169	8031035099	3033484285

Ship Date : 10-17-2024 7:49:14 PM
Invoice Date : 10-17-2024
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	T A X
101709067	1.000	1.000	EA	SEMGEQ	6807163	PRIMESCAN 2 Not subject to hazardous material transport fee Serial # 501408	\$ 24995.00	\$ 24995.00	
101810488	1.000	1.000	EA	SIROEQ	6805712	CONNECTION SET OPTIONAL PRIMESCAN 2 Serial # 101306	\$ 0.00	\$ 0.00	

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 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		\$ 24995.00
Local Tax	0%	\$ 0.00
State Tax	0%	\$ 0.00
Freight		\$ 99.00
Total		\$ 25094.00



DEARBORN FAMILY DENTISTRY
590 DEARBORN AVE NE
KEIZER OR 97303-4552
US

SHIP TO

SOLD BY

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

Customer #: 0201104970 Bill Cust #: 0201104969

Telephone: (503) 670-0456
Representative: Kelly Small

INVOICE

Order #	Pack Slip #	Invoice #
0622608051	8030998060	3033484057

Ship Date : 10-15-2024 7:26:32 PM
Invoice Date : 10-17-2024
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	TAX
						Imaging Enhancement Free Size 2 Schick Starter Kit (a \$6919 value) with Purchase of Axeos Implant Solution Trade Into Tomorrow \$10k rebate with Purchase of Axeos Implant with Eligible 2D or 3D Trade-In (2) Clinical Accelerators included with purchase of Axeos Implant. Each Clinical Accelerator includes a quantity of (2) two separate (2) two-day courses, PLUS (1) one year online resident memberships to CDOCs which includes these clinical resources: Restorative, Orthodontic, Endodontic, Implant and CBCT curriculums. Each Clinical Accelerator valued at \$7,500.00. In-office training with Dentsply Sirona Clinical Implementation Specialists Implant.			
71261668	1.000	1.000	EA	SIRONA	100008579	AXEOS IMPLANT SOLUTION Serial # 12508	\$ 89995.00	\$ 89995.00	

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		\$ 89995.00
Local Tax	0%	\$0.00
State Tax	0%	\$0.00
Freight		\$ 599.00
Total		\$ 90594.00