



UCC

LIEN NO. 94019417

MONROE, EMILY KAY

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	101350426 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 Monroe	FIRST PERSONAL NAME Emily	ADDITIONAL NAME(S)/INITIAL(S) Kay	SUFFIX
1c. MAILING ADDRESS 364 S 4th St		CITY Saint Helens	STATE OR	POSTAL CODE 97051-2614
			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 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

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:

101350426

448

201024472



S
H
I
P
T
O

Van Gordon Monroe LLC
36200 PITTSBURG RD STE B
SAINT HELENS OR 97051-1188
US

Customer #: 0201024471

Bill Cust #: 0201024472
Loyalty Status: Sapphire

S
O
L
D
B
Y

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

Telephone: (503) 670-0456
Representative: Sonya Rose

INVOICE

Order #	Pack Slip #	Invoice #
0622737811	8031106602	3033582886

Ship Date : 10-24-2024 12:09:14 PM
Invoice Date : 10-24-2024
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
						PP24T3 Primeprint Instant Savings - \$7.5k Instant Discount on CEREC Primeprint Imaging Enhancement Free SICAT Air (a \$9,995 value) with Purchase of Axeos Implant Solution Free Edge Device (a \$2495 value) <(>&<)> Connection Kit (a \$2000 value) with Purchase of Primescan 2			
71261668	1.000	1.000	EA	SIRONA	100008579	AXEOS IMPLANT SOLUTION Serial # 12557	\$ 87295.00	\$ 87295.00	
71386465	1.000	1.000	EA	SEMGEQ	6802446	PRIMEPRINT SOLUTION Serial # 802531	\$ 22200.00	\$ 22200.00	
71152313	1.000	1.000	EA	SIEMPT	100005929	CAD/CAM WORKSTATION Serial # 230504	\$ 3995.00	\$ 3995.00	
101709067	1.000	1.000	EA	SEMGEQ	6807163	PRIMESCAN 2 Not subject to hazardous material transport fee Serial # 501344	\$ 24995.00	\$ 24995.00	
101810487	1.000	1.000	EA	SIROEQ	6824853	EDGE DEVICE Serial # 100700	\$ 0.01	\$ 0.01	

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>



PATTERSON[®] DENTAL

Van Gordon Monroe LLC
36200 PITTSBURG RD STE B
SAINT HELENS OR 97051-1188
US

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

Customer #: 0201024471

Bill Cust #: 0201024472
Loyalty Status: Sapphire

Telephone: (503) 670-0456
Representative: Sonya Rose

Ship Date : 10-24-2024 12:09:14 PM
Invoice Date : 10-24-2024
Customer P.O. :
Fulfillment Ctr:
Patterson Dental Supply, Inc.
7620 SW BRIDGEPORT RD
PORTLAND OR 97224-7700
US

INVOICE

Order #	Pack Slip #	Invoice #
0622737811	8031106602	3033582886

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
101810488	1.000	1.000	EA	SIROEQ	6805712	CONNECTION SET OPTIONAL PRIMESCAN 2 Serial # 101432	\$ 0.01	\$ 0.01

Total	6	6
-------	---	---

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	\$ 138485.02
Local Tax	0%
State Tax	0%
Freight	\$ 875.66
Total	\$ 139360.68