FILED: DEC 18, 2024 02:41 PM
OREGON SECRETARY OF STATE

UCC LIEN NO. 94061619 BRADSHAW, RICHARD BR

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

102126928
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: Bradshaw	FIRST PERSONAL NAME: Richard	ADDITIONAL NAME(S)/INITIAL(S): Brian		SUFFIX
1c. MAILING ADDRESS: 3751 Calle Vista Dr	CITY: Medford	STATE: OR	POSTAL CODE: 97504	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:
102126928 450 201063735

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

PATTERSON DENTAL

INVOICE

Order #	Pack Slip #	Invoice #
0621882491	8028860304	3030726049

SHIP TO
DNTV-HF DENTAL LLC
HILLCREST FAMILY DENTISTRY
737 Golf View Dr
Unit A
Medford OR 97504-9653
US

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

Ship Date : 04-22-2024 11:20:55 AM
Invoice Date : 04-22-2024
Customer P.O. : PD0328242LDBW
Fulfillment Ctr:
Patterson Dental Supply, Inc.
2019 COMMERCE DR
MEDFORD OR 97504-9744
US

Customer #: 0201063734 Bill Cust #: 0201063735

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

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount	TAX
101504475	1.000	1.000	EA	PLANME	PMPLUS-SP	PROMAX 3D PLUS 20X10 W/CALM ULD Serial # NTPV7218695	$ 61080.00	$ 61080.00	
Total	1	1							

Terms of Payment
Net due 60 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

Sub Total		$ 61080.00
Local Tax	0%	$0.00
State Tax	0%	$0.00
Total		$ 61080.00