



UCC

LIEN NO. 94076334

SMITH, KYLE CHRISTOP

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141B. 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

102318330

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)

OR	1a. ORGANIZATION'S NAME			
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Smith	Kyle	Christopher	
	1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
	4025 Ridge Ln	West Linn	OR	97068-2917
				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)

OR	2a. ORGANIZATION'S NAME			
	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)

OR	3a. ORGANIZATION'S NAME			
	Patterson Dental Supply Inc			
	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 A5. 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 Representative6a. Check only if applicable and check only one box:☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien ☐ Non-UCC Filing7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

102318330

448

200098154



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OREGON CITY FAMILY DENTISTRY
SMITH FAMILY DENTISTRY PC
602 MONROE ST
OREGON CITY OR 97045-2337
US

Customer #: 0200098154 Loyalty Status: Emerald

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

Telephone: (503) 670-0456
Representative: Trygg Borchers

INVOICE

Order #	Pack Slip #	Invoice #
0623055385	8031846513	3034565070

Ship Date : 12-30-2024 9:41:13 AM
Invoice Date : 12-30-2024
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
						PMT24T3 Primemill Trade Up - Trade in Qualifying Milling Unit and Get \$20k off CEREC Primemill			
71202142	1.000	1.000	EA	SIRONA	6726561	CEREC PRIMEMILL Serial # 657698	\$ 79995.00	\$ 79995.00	
101709067	1.000	1.000	EA	SEMGEQ	6807163	PRIMESCAN 2 Not subject to hazardous material transport fee Serial # 502301	\$ 24995.00	\$ 24995.00	
101709112	1.000	1.000	EA	SEMGEQ	6834670	CEREC SW 5.3 UPGRADE LICENSE 1 STATION	\$ 500.00	\$ 500.00	
101810488	1.000	1.000	EA	SIROEQ	6805712	CONNECTION SET OPTIONAL PRIMESCAN 2 Serial # 102546	\$ 0.00	\$ 0.00	

Total	4	4
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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		\$ 105490.00
Local Tax	0%	\$0.00
State Tax	0%	\$0.00
Freight		\$ 675.00