



UCC

LIEN NO. 94083066

O'BRYAN, DARIN GENE

# 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	102390042  OROR
File with: Secretary of State, OR. <b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b>	

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 O'Bryan	FIRST PERSONAL NAME Darin	ADDITIONAL NAME(S)/INITIAL(S) Gene	SUFFIX
1c. MAILING ADDRESS 2076 N 11th St		CITY Coos Bay	STATE OR	POSTAL CODE 97420-4800
				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 Imagen Dental Partners, LLC				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 16220 N Scottsdale Road, Ste 300		CITY Scottsdale	STATE AZ	POSTAL CODE 85254
				COUNTRY USA

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 HEIGHTS 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:

102390042

444

201024368



SHIP TO  
 IDP -O'BRYAN ADVANCED DENTISTRY  
 1957 THOMPSON RD STE B  
 COOS BAY OR 97420-2040  
 US

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

Customer #: 0201062590    Bill Cust #: 0201024368

Telephone: 503-670-0456  
 Representative: Trygg Borchers

# INVOICE

Order #	Pack Slip #	Invoice #
0623070907	8031839939	3034558994

Ship Date : 12-27-2024 4:14:08 PM  
 Invoice Date : 12-27-2024  
 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
71202142	1.000	1.000	EA	SIRONA	6726561	PMB24T3   Primemanufacturing Bundle - Purchase CEREC Primemill and Primeprint and receive a \$25k Instant Discount CEREC PRIMEMILL Serial # 657692	\$ 61745.00	\$ 61745.00	
71386465	1.000	1.000	EA	SEMGEQ	6802446	PRIMEPRINT SOLUTION Serial # 703490/803271	\$ 19700.00	\$ 19700.00	

Total	2	2
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Terms of Payment  
 Net due 45 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		\$ 81445.00
Local Tax	0%	\$0.00
State Tax	0%	\$0.00