



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	103851307 OROR
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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 James	FIRST PERSONAL NAME Benjamin	ADDITIONAL NAME(S)/INITIAL(S) Dornath	SUFFIX	
1c. MAILING ADDRESS 6455 NE PETTIBONE DR	CITY CORVALLIS	STATE OR	POSTAL CODE 97330	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 <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
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7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:
103851307 448 201100152



PATTERSON®
DENTAL

ROSEWOOD PERIODONTICS
1025 BAIN ST SE
ALBANY OR 97322-5247
US

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Customer #: 0201100153 Bill Cust #: 0201100152

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

Telephone: (503) 670-0456
Representative: John Lauerman

INVOICE

Order #	Pack Slip #	Invoice #
0623560408	8033244104	3036496522

Ship Date : 04-20-2025 12:35:27 PM
Invoice Date : 04-20-2025
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
101617226	1.000	1.000	EA	ACCUTR	36200-ADJS	ULTRA PC% FLOWMETER PKG C-MOB STAND-ADJS Serial # 18260	\$ 3250.29	\$ 3250.29	

Total 1 1

Terms of Payment
APAK Funded

Remit Payment to :
Patterson Dental Supply, Inc.
PO Box 732865
Dallas TX 75373-2865

Page 1 of 1

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		\$ 3250.29
Local Tax	0%	\$ 0.00
State Tax	0%	\$ 0.00
Freight		\$ 75.00
Total		\$ 3325.29

PATTERSON[®] DENTAL

SHIP TO

ROSEWOOD PERIODONTICS
1025 BAIN ST SE
ALBANY OR 97322-5247
US

SOLD BY

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

Customer #: 0201100153 Bill Cust #: 0201100152

Telephone: (503) 670-0456
Representative: John Lauerman

INVOICE

Order #	Pack Slip #	Invoice #
0623550394	8033244105	3036496523

Ship Date : 04-20-2025 12:40:53 PM
Invoice Date : 04-20-2025
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
70465435	2.000	2.000	EA	SIROEQ	6256221/6239805	HELIODENT PLUS W/X-LONG ARM Serial # 091302 Serial # 091296	\$ 4370.00	\$ 8740.00	
70352203	2.000	2.000	EA	SIRONA	100004183	RECT ADPTR PLT 16"	\$ 0.00	\$ 0.00	
101575398	1.000	1.000	EA	PROGNY	P7017-P	PREVA DC IO X-RAY 76" REACH DBL STUD MT Serial # V2772932	\$ 5406.57	\$ 5406.57	
101622578	1.000	1.000	EA	MIDMEQ	M11-040	MIDMARK M11 STEAM STERILIZER 115V Serial # V2739327	\$ 8102.19	\$ 8102.19	

Total 6 6

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Dallas TX 75373-2865

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Sub Total		\$ 22248.76
Local Tax	0%	\$ 0.00
State Tax	0%	\$ 0.00
Freight		\$ 700.00

Total \$ 22948.76

PATTERSON[®] DENTAL

ROSEWOOD PERIODONTICS
1025 BAIN ST SE
ALBANY OR 97322-5247
US

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

Customer #: 0201100153 Bill Cust #: 0201100152

Telephone: (503) 670-0456
Representative: John Lauerman

INVOICE

Order #	Pack Slip #	Invoice #
0623533398	8033244107	3036496528

Ship Date : 04-20-2025 12:43:17 PM
Invoice Date : 04-20-2025
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
101810382	2.000	2.000	EA	DEXIEQ	8.000.2575	DEXIS Ti2 SENSOR KIT Serial # 80106963 Serial # 80106978	\$ 6995.00	\$ 13990.00	
71032739	2.000	2.000	EA	DEXIEQ	1.013.2040	NOMAD PRO 2 HANDHELD X-RAY SYS Not subject to hazardous material transport fee Serial # 1030995 Serial # 1031002	\$ 5415.63	\$ 10831.26	

Total 4 4

Terms of Payment
APAK Funded

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Dallas TX 75373-2865

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Sub Total		\$ 24821.26
Local Tax	0%	\$ 0.00
State Tax	0%	\$ 0.00
Freight		\$ 95.00

Total \$ 24916.26