



UCC

LIEN NO. 94237315

ZHOU, XIAOCHEN

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 91209-9071104804535
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

Zhou

FIRST PERSONAL NAME

Xiaochen

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS

15167 Brook Ct

CITY

Lake Oswego

STATE

OR

POSTAL CODE

97035-3503

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 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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

104804535

448

201116056

PATTERSON DENTAL

ZHOU DENTAL CARE ALOHA
3400 SW 187TH AVE STE 3
ALOHA OR 97003-3131
US

Customer #: 0201116056

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

Telephone: (503) 670-0456
Representative: Mykah La Parne

INVOICE

Order #	Pack Slip #	Invoice #
0623081017	8034015918	3037542077

Ship Date : 06-19-2025 1:14:36 PM
Invoice Date : 06-19-2025
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
101701275	3.000	3.000	EA	ADEC	391	391 INSPIRE TREATMENT CONSOLE Serial # 25C391-A10412 Serial # 25C391-A10413 Serial # 25C391-A10415 INSPIRE 593 SIDE CONSOLE	\$ 12184.03	\$ 36552.09
101563181	4.000	4.000	EA	ADEC	593	Serial # 25C593-A10422 Serial # 25C593-A10423 Serial # 25C593-A10424 Serial # 25C593-A10425 INSPIRE 594 STERILIZATION CENTER	\$ 6275.35	\$ 25101.40
101555747	1.000	1.000	EA	ADEC	594	Serial # 25C594-A10427 INSPIRE MOBILE CART	\$ 15778.13	\$ 15778.13
101708473	1.000	1.000	EA	ADEC	396	Serial # 25C396-A10431 PHOT-XIIS X-RAY W-LCD AND 31 IN ARM	\$ 2772.92	\$ 2772.92
101551855	3.000	3.000	EA	BELMON	505WK31LCD	Serial # EX25B0244 Serial # EX25B0243 Serial # EX25B0248	\$ 4375.00	\$ 13125.00

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>



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101555747	1.000	1.000	EA	ADEC	594	INSPIRE 594 STERILIZATION CENTER Serial # 25C594-A10428	\$ 6859.72	\$ 6859.72
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Total 13 13

Terms of Payment
APAK Funded

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Dallas TX 75373-2865

Page 2 of 2

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Sub Total	\$ 100189.26
Local Tax	0% \$0.00
State Tax	0% \$0.00
Freight	\$ 3,483.20
Down Payment	- \$ 20,000.00

Total \$ 83672.46