



FILED: JUL 24, 2025 02:03 PM
 OREGON SECRETARY OF STATE

UCC LIEN NO. 94257464 DAVIS, MARK CHANDLER

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 105069069
 P.O. Box 29071
 Glendale, CA 91209-9071 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 Davis	FIRST PERSONAL NAME Mark	ADDITIONAL NAME(S)/INITIAL(S) Chandler	SUFFIX
1c. MAILING ADDRESS 94017 Leehmann Ln	CITY Lakeview	STATE OR	POSTAL CODE 97630-9001
		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 Davis Support Services, LLC

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS 16220 N. Scottsdale Road, Ste 400	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 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:
 105069069 444 201024368

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME	
Davis	
FIRST PERSONAL NAME	
Mark	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Chandler	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME	
Imagen Dental Partners, LLC	
OR	
10b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
16220 N. Scottsdale Road, Ste 400	Scottsdale	AZ	85254	USA

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing

<p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p>	<p>16. Description of real estate:</p>

PATTERSON DENTAL

IDP - CRANE MOUNTAIN LAKEVIEW
 1339 S 9TH ST
 LAKEVIEW OR 97630-1919
 US

Customer #: 0201070467 Bill Cust #: 0201024388

Telephone: 541-779-2001
 Representative: James Bacon

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

Ship Date : 07-21-2025 8:39:13 PM
 Invoice Date : 07-21-2025
 Customer P.O. :
 Fulfillment Ctr:
 Patterson Dental Supply, Inc.
 2019 COMMERCE DR
 MEDFORD OR 97504-9744
 US

Order #	Pack Slip #	Invoice #
0623666192	8034403503	3038064388

INVOICE

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
101708521	1.000	1.000	EA	SPRINT	SRI-0102046	SPRINTRAY PRO 2 3D PRINTER Serial # P23P0225A11612	\$ 9792.42	\$ 9792.42
101701084	1.000	1.000	EA	SPRINT	SRI-0504012	SPRINTRAY PROWASH S Serial # PWSA0525A10013	\$ 2938.17	\$ 2938.17
101708251	1.000	1.000	EA	SPRINT	SRI-0504025	NANOCURE Serial # PCMA0324A13653	\$ 3205.36	\$ 3205.36
101653726	1.000	1.000	EA	SPRINT	SRI-0802007	PROTECTION PLAN (BUNDLE) 1-YR	\$ 1895.63	\$ 1895.63

Total 4 4

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/stds>

Sub Total \$ 17831.58
 Local Tax 0% \$0.00
 State Tax 0% \$0.00

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1339 S 9TH ST
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US

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Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount	T A X
71490416	1.000	1.000	EA	SPRINT	SRI-0503034	PRO 2 STD RESIN TANK	\$ 264.16	\$ 264.16	
71500800	1.000	1.000	EA	SPRINT	SRI-0503049	PRO 2 ARCH KIT PLATFORM/TANK	\$ 1598.49	\$ 1598.49	

Total 2 2
Terms of Payment
Net due 45 days from inv date
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	\$ 1862.65
Local Tax	\$0.00
State Tax	\$0.00
Shipping and Handling	\$ 11.99
Discount	\$ 11.99-
Total	\$ 1862.65