



UCC

LIEN NO. 94288512

VOGE, RYAN JAMES

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	105564854 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 Voge		FIRST PERSONAL NAME Ryan	ADDITIONAL NAME(S)/INITIAL(S) James	SUFFIX
1c. MAILING ADDRESS 4575 SW 59th Ave		CITY Portland	STATE OR	POSTAL CODE 97221-1263	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/Licenser

8. OPTIONAL FILER REFERENCE DATA:
105564854 448 200040528



PATTERSON[®] DENTAL

BURLINGAME DENTAL ARTS
1820 SW VERMONT ST STE B
PORTLAND OR 97219-1945
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Patterson Dental Supply, Inc.
7620 SW BRIDGEPORT RD
PORTLAND OR 97224-7700
US

Customer #: 0200040528 Loyalty Status: Diamond

Telephone: (503) 670-0456
Representative: Sonya Rose

INVOICE

Order #	Pack Slip #	Invoice #
6207151285	8034847914	3038671696

Ship Date : 08-26-2025 8:42:26 PM
Invoice Date : 08-26-2025
Customer P.O. :
Fulfillment Ctr:
Patterson Logistics Services, Inc.
800 MONTE VISTA DR
DINUBA CA 93618-9117
US
DODDAC #ECAT

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
510055542	1,000	1,000	EA	SIROEQ	100008904	CEREC SW Secondary License (6836496, retail value \$11,995) - included with purchase and provided by Dentsply Sirona based on program rules- Promo Code: PS2SW25T2 PRIMESCAN 2 Not subject to hazardous material transport fee Serial # 502554	\$ 24995.00	\$ 24995.00

Total 1 1

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	Local Tax	State Tax	Freight
\$ 24995.00	0%	0%	\$ 99.00