[redacted]

FILED: APR 26, 2016 03:38 PM
OREGON SECRETARY OF STATE

UCC LIEN NO. 90807926 NORDSTROM, MARC

000001 #9553
0010

UCC $15.00
CHECK $15.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Phone: (800) 331-3282 Fax: (818) 662-4141

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 9310 - PATTERSON

CT Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

53636402
ORORF

File with: Secretary of State, OR

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
Nordstrom	Marc				
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
102 NW Newport Ave	BEND	OR	97701-1838	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	CITY	STATE	POSTAL CODE	COUNTRY	
1031 Mendota Hgts. Rd.	St. Paul	MN	55120	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:
53636402 448 448599496

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Prepared by CT Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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

MIRROR POND LLC
102 NW Newport Ave
Bend OR 97701-1838

9770118386

Return this portion with your remittance.

Invoice	90079094
Date	Mar 25, 2016
Bill-To Customer	200033203
Customer P.O.	
Total	$ 34023.00
Payment Terms:	Due Date 15th-US cycle bill

Patterson Dental Supply, Inc.
PO Box 732865
Dallas TX 75397-2865

0732865 0090079094 18 0200033203 0034023002 3

PATTERSON DENTAL

INVOICE

Order #	Pack Slip #	Invoice #
0600038091	0080154665	0090079094

SHIP TO
MIRROR POND LLC
102 NW Newport Ave
Bend OR 97701-1838
US

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

Date: Mar 25, 2016 7:12:27 PM
Customer P.O.:
Shipped From:
Patterson Dental Supply, Inc.
7620 SW BRIDGEPORT RD
PORTLAND OR 97224-7700
US

Customer #: 0200033203 Advantage Level: Platinum

Telephone: (503) 670-0458
Representative: John Lauerman

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70407803	1	1	EA	SCHICK	070407803	33 SENSOR KIT 2X1	$ 15999.00	$ 15999.00
						Serial # I510003350/8109281092/I520002442/8103381093		
70407705	1	1	EA	SCHICK	070407705	33 SENSOR KIT 2X2	$ 17999.00	$ 17999.00
						Serial # I0200023I0/8124381243/I520002308 8124481244		
Total	2	2						

Notice relating to discounting practice.
The pricing for products provided herein may reflect or be subject to rebates, credits, vouchers, or discounts or other price reductions collectively, discounts, which customer may be obligated under federal law to report to Medicare, Medicaid or other state, federal or other payers, and to make this information available to these entities for review.

Sub Total		$ 33998.00
Local Tax	0%	$0.00
State Tax	0%	$0.00
Shipping and Handling		$ 25.00
Total		$ 34023.00

Terms of Payment
Due Date 15th-US cycle bill

Remit Payment to:
Patterson Dental Supply, Inc.
PO Box 732865
Dallas TX 75397-2865