

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

FILED: APR 26, 2021 01:26 PM
OREGON SECRETARY OF STATE



UCC

LIEN NO. 92782222

REISIG, SEAN

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

B. E-MAIL CONTACT AT FILER (optional)
ucefilingreturn@wolterskluwer.com

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

Lien Solutions	80140470
P.O. Box 29071	
Glendale, CA. 91209-9071	OROR

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 Reisig	FIRST PERSONAL NAME Sean	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 128 Friendship Ave SE	CITY Salem	STATE OR	POSTAL CODE 97302-5716
			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 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/Licenser

8. OPTIONAL FILER REFERENCE DATA:

80140470

448

200036739



SHIP TO

FRIENDSHIP DENTAL LLC
128 FRIENDSHIP AVE SE
SALEM OR 97302-5716
US

Customer #: 0200036739

BOLDOBY

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

Telephone: (503) 670-0456
Representative: Kelly Small

INVOICE

Order #	Pack Slip #	Invoice #
0615798974	8013510355	3012099603

Ship Date: Apr 22, 2021 10:18:00 AM

Invoice Date: Apr 23, 2021

Customer P.O.:

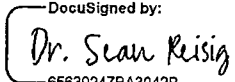
Shipped From:

Patterson Dental Supply, Inc.

7620 SW BRIDGEPORT RD

PORTLAND OR 97224-7700

US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount	
70431676	1.000	1.000	EA	SIRONA	6562222	ORTHOPHOS SL DCS (2D PAN) Serial # 100938	\$ 28495.25	\$ 28495.25	
						DocuSigned by:  65639247BA3042B...			
Total	1	1					Sub Total		\$ 28495.25
Terms of Payment APAK Funded Remit Payment to: Patterson Dental Supply, Inc. PO Box 732865 Dallas TX 75373-2865							Local Tax	0%	\$0.00
							State Tax	0%	\$0.00
							Freight		\$ 250.00
							Total		\$ 28745.25

We apologize if your infection control product order has not been delivered in full. Patterson Dental implemented special measures to ensure continuity of supply. These items are being monitored as we work with our manufacturing and Patterson Dental supply chain teams to meet the order needs of all Patterson customers. 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 electronically.