[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

FILED: APR 26, 2021 01:27 PM
OREGON SECRETARY OF STATE

UCC LIEN NO. 92782239 MARANDAS, STEVEN GEO

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)
uccfilingreturn@wolterskluwer.com

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

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

80137768
ORORR

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	
Marandas	Steven	George			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
18630 NW Reeder Rd	Portland	OR	97231	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:
80137768 448 200033335

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

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

PATTERSON DENTAL

INVOICE

Order #	Pack Slip #	Invoice #
0615840724	8013201919	3011728478

SHIP TO

ARBOR DENTAL - PADDEN
8611 NE Ward Rd
Ste 103
Vancouver WA 98682-2794
US

Customer #: 0200033335 Loyalty Status: Onyx

SOLD BY

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

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

Ship Date: Apr 6, 2021 6:49:04 PM
Invoice Date: Apr 6, 2021
Customer P.O.:
Shipped From:
Patterson Logistics Services, Inc.
6419 S 228TH ST STE 100
KENT WA 98032-1874
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount	T A X
70409847	1.000	1.000	EA	SCHIEQ	B2270000	SCHICK ELITE/33 REMOTE MODULE Serial # 1500000004919685	$ 945.25	$ 945.25	T
70409987	1.000	1.000	EA	SCHIEQ	B2250150	5M REMOTE HS CABLE	$ 123.50	$ 123.50	T

DocuSigned by:
7300249BCBF84F7...

Total	2	2

Terms of Payment
APAK Funded

Remit Payment to:
Patterson Dental Supply, Inc.
PO Box 732865
Dallas TX 75373-2865

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.

Sub Total		$ 1068.75
Local Tax	1.90 %	$ 20.79
State Tax	6.50 %	$ 71.09
Freight		$ 25.00
Total		$ 1185.63

PATTERSON DENTAL

INVOICE

Order #	Pack Slip #	Invoice #
0614712307	8013237618	3011773756

Ship To:
ARBOR DENTAL - PADDEN
8611 NE Ward Rd
Ste 103
Vancouver WA 98682-2794
US

Customer #: 0200033335 Loyalty Status: Onyx

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

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

Ship Date: Apr 7, 2021 1:14:58 PM
Invoice Date: Apr 8, 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	
101616059	1.000	1.000	EA	FOREST	3800PT	FUSION OP PT CHAIR PRETUBED HYD W/NS 110 Serial # BP3517	$ 5296.32	$ 5296.32	T
101555504	1.000	1.000	EA	FOREST	6159C	DOCTOR'S STOOL, DELUXE W/BACKREST,UTLTR	$ 658.82	$ 658.82	T
101635405	1.000	1.000	EA	FOREST	4296PI	PIVOT CHAIR DRS UNIT, FUSION Serial # 1018893	$ 4560.21	$ 4560.21	T
101565133	1.000	1.000	EA	FOREST	9079W	LED LIGHT WALL MOUNTED Serial # L1018971	$ 3481.81	$ 3481.81	T
101584206	1.000	1.000	EA	MCC	CABCOMP	MCC CUSTOM CABINET COMPONENTS	$ 6764.86	$ 6764.86	T
101584206	1.000	1.000	EA	MCC	CABCOMP	MCC CUSTOM CABINET COMPONENTS	$ 3178.53	$ 3178.53	T

DocuSigned by:
7300249BCBF84F7...

Total	6	6

Terms of Payment
APAK Funded

Remit Payment to:
Patterson Dental Supply, Inc.
PO Box 732865
Dallas TX 75373-2865

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Sub Total		$ 23940.55
Local Tax	1.90 %	$ 462.27
State Tax	6.50 %	$ 1,581.42
Freight		$ 389.09
Total		$ 26373.33

PATTERSON DENTAL

INVOICE

Order #	Pack Slip #	Invoice #
0614712307	8013237618	3011760509

SOLD TO:
ARBOR DENTAL - PADDEN
8611 NE Ward Rd
Ste 103
Vancouver WA 98682-2794
US

Customer #: 0200033335 Loyalty Status: Onyx

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

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

Ship Date: Apr 7, 2021 7:13:59 PM
Invoice Date: Apr 7, 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	
101485610	1.000	1.000	EA	FOREST	1700-019-CS	HP ILLUMINATION SYSTEM	$ 671.00	$ 671.00	T

DocuSigned by:
7300249BCBF84F7...

Total	1	1	

Terms of Payment
APAK Funded

Remit Payment to:
Patterson Dental Supply, Inc.
PO Box 732865
Dallas TX 75373-2865

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Sub Total		$ 671.00
Local Tax	1.90 %	$ 12.95
State Tax	6.50 %	$ 44.33
Freight		$ 10.91
Total		$ 739.19