[redacted]

FILED: MAY 19, 2021 03:45 PM
OREGON SECRETARY OF STATE

UCC LIEN NO. 92807057 WALLOWA MEMORIAL HOS

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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) 506500 - ARTHREX, INC.

CT

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: Wallowa Memorial Hospital

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
601 MEDICAL PKWY	Enterprise	OR	97828	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: Arthrex, Inc.

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1370 Creekside Blvd	Naples	FL	34108	USA

4. COLLATERAL: This financing statement covers the following collateral:
Equipment described on Schedule 1 attached hereto and including, but not limited to, proceeds of such equipment.

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:
80575157 000 PO #15461

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

SCHEDULE 1

WALLOWA MEMORIAL HOSPITAL
Vendor
Arthrex, Inc
1370 Creekside BLVD,
Naples, FL 34108

PURCHASE ORDER

PO# 18461

BILL-TO:
WALLOWA MEMORIAL HOSPITAL
601 MEDICAL PKWY
ENTERPRISE, OR 97828

SHIP-TO:
WALLOWA MEMORIAL HOSPITAL
601 MEDICAL PKWY
ENTERPRISE, OR 97828

P.O. DATE	TERMS
05/011/2021	Net 30

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
1	1	QTE-01053106		8,426.00
1	1	QTE-01052808CSTM		212,232.90
1	1	QTE-01053280		72,106.00
			TOTAL	$292,764.90

Authorized by (Signature) 5/12/2021
Date

Joe Lanier
Print Name

CFO
Title