



LIEN NO. 93536040

MARANDAS, STEVEN GEO

UCC

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
<b>B. E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com	
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> 9310 - PATTERSON	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	92602226  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		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/Licenser

8. **OPTIONAL FILER REFERENCE DATA:**

92602226

448

200033335



**PATTERSON<sup>®</sup>**  
DENTAL

**INVOICE**

Order #	Pack Slip #	Invoice #
0620252621	8024420119	3025252071

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

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

Ship Date: Apr 24, 2023 3:36:54 PM  
Invoice Date: Apr 24, 2023  
Customer P.O.:  
Shipped From:  
Patterson Dental Supply, Inc.  
7620 SW BRIDGEPORT RD  
PORTLAND OR 97224-7700  
US

Customer #: 0200033335 Loyalty Status: Onyx

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

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount	TAX
71069152	1.000	1.000	EA	SIRONA	6667211	TTPS23T1   Dentsply Sirona Loyalty Discount - \$15k off Primescan TTPM23T1   Dentsply Sirona Loyalty Discount \$15k off Primemill TTSF23T1   Dentsply Sirona Loyalty Discount - \$2.5k off Speedfire CEREC PRIMESCAN AC TP STEEL Subject to hazardous material transport fee Serial # 113981	\$ 52495.00	\$ 52495.00	T
71202142	1.000	1.000	EA	SIRONA	6726561	CEREC PRIMEMILL Serial # 654538	\$ 62495.00	\$ 62495.00	T
70470765	1.000	1.000	EA	SIRONA	6580786	CEREC SUCTION UNIT Serial # 95148	\$ 1473.00	\$ 1473.00	T
70400694	1.000	1.000	EA	SEMGEQ	6402050	CEREC SPEEDFIRE Serial # 556898	\$ 9995.00	\$ 9995.00	T

**Total** 4 4

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 electronically.

Sub Total		\$ 126458.00
Local Tax	2.00 %	\$ 2,541.68
State Tax	6.50 %	\$ 8,260.46
Freight		\$ 600.00
Hazmat Fee		\$ 25.99