



UCC

LIEN NO. 93769327

AVAMARQ DIAGNOSTICS,

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 11250 - FINANCIAL	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	96920842  OROR
File with: Secretary of State, OR <b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b>	

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 AVAMARQ DIAGNOSTICS, LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 800 SE SUNNYSIDE RD SUITE 214N		CITY CLACKAMAS	STATE OR	POSTAL CODE 97015 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 FINANCIAL PACIFIC LEASING, INC.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO BOX 4568		CITY FEDERAL WAY	STATE WA	POSTAL CODE 98063 COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
SEE EXHIBIT A FOR EQUIPMENT DESCRIPTION

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:

96920842

013-2551809-301

AVAMARQ DIAGNOSTICS, LLC



# CSI LEASING

CSI LEASING, INC

PLEASE DIRECT INQUIRES TO ACCOUNTS RECEIVABLE DEPARTMENT:314-997-7010

INVOICE NO

NR00022495

TOTAL DUE

137,405.00

AVAMARQ DIAGNOSTICS

8800 SE SUNNYSIDE ROAD SUITE 214N

CLACKAMAS, OR 97015

ATTN: RICK MCDANIELS

## REMIT PAYMENT TO

CSI LEASING INC

PO BOX 95531

ATTN: ACCOUNTS RECEIVABLE

GRAPEVINE, TX 76099-9703

PAGE	DUE DATE	INVOICE DATE	TYPE
1 of 1	01/01/2024	12/14/2023	
DESCRIPTION			TOTAL
LEASE SCHEDULE EXIGES-000			
SALE			137,405.00
TAX			0.00
REMARKS:			
PURCHASE OF EQUIPMENT CURRENTLY ON AVAMERE HEALTH SERVICES SCHEDULE 300406-029			
TOTAL			137,405.00
TOTAL TAXES			0.00
GRAND TOTAL			137,405.00

93769327

EXHIBIT "A"  
Avamarq Diagnostics LLC

## PROPOSAL FOR SALE OF LEASED EQUIPMENT DATED 11/02/2023

VENDOR	DESCRIPTION	SERIAL NUMBER	ADDRESS	UNIT PRICE	EQUIPMENT SCHEDULE
SOURCE RAY	SR-130 PORTABLE X-RAY	2928	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,475.00	029
SOURCE RAY	SR-130 PORTABLE X-RAY	2929	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,475.00	029
SOURCE RAY	SR-130 PORTABLE X-RAY	2930	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,475.00	029
SOURCE RAY	SR-130 PORTABLE X-RAY	2931	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,475.00	029
SOURCE RAY	SR-130 PORTABLE X-RAY	2932	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,475.00	029
SOURCE RAY	SR-130 PORTABLE X-RAY	2934	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,920.00	029
SOURCE RAY	SR-130 PORTABLE X-RAY	2935	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,920.00	029
SOURCE RAY	SR-130 PORTABLE X-RAY	2936	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,920.00	029
SOURCE RAY	SR-130 PORTABLE X-RAY	2937	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,920.00	029
SOURCE RAY	SR-130 PORTABLE X-RAY	2938	25115 SW Parkway Ave, Wilsonville OR 97070-8891	\$12,920.00	029
MINDRAY	M8 ELITE ADVANCED ULTRASOUND	N/A	10158 SE Terra Linda Ct, Happy Valley OR 97086-6887	\$10,430.00	029
TOTAL SALES PRICE:				\$137,405.00	