



UCC

LIEN NO. 93772011

ROBINSON, TRACY RUSS

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) 9310 - PATTERSON	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	97040900 OROR
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

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 Robinson	FIRST PERSONAL NAME Tracy	ADDITIONAL NAME(S)/INITIAL(S) Russell	SUFFIX
1c. MAILING ADDRESS 25078 Hunter Rd		CITY Veneta	STATE OR	POSTAL CODE 97487
				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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

97040900

448

200033075



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TRACY ROBINSON DMD
25078 E HUNTER RD
VENETA OR 97487-9601
US

Customer #: 0200088790

Bill Cust #: 0200033075

Loyalty Status: Sapphire

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

Telephone: (503) 670-0456
Representative: Amy Sydow

INVOICE

Order #	Pack Slip #	Invoice #
0621431181	8027423018	3028963952

Ship Date : 12-29-2023 5:04:34 PM
Invoice Date : 12-29-2023
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	TAX
101580222	1.000	1.000	EA	INSTRU	0.805.9506	OP 3D, 9X11 FOV Serial # KT2315533	\$ 55200.00	\$ 55200.00	
71032739	1.000	1.000	EA	DEXIEQ	1.013.2040	NOMAD PRO 2 HANDHELD X-RAY SYS Not subject to hazardous material transport fee Serial # 1024679	\$ 0.00	\$ 0.00	

Total	2	2
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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		\$ 55200.00
Local Tax	0%	\$0.00
State Tax	0%	\$0.00
Freight		\$ 475.00