



UCC

LIEN NO. 93726737-1

## UCC FINANCING STATEMENT AMENDMENT

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) 10014 - PRESIDIO	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	97393968  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

1a. INITIAL FINANCING STATEMENT FILE NUMBER

93726737 11/29/2023 SS OR

1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed [for record]  
(or recorded) in the REAL ESTATE RECORDS

Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement3. ☒ ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 84. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law5. ☐ PARTY INFORMATION CHANGE:

Check one of these two boxes:

AND Check one of these three boxes to:

This Change affects ☐ Debtor or ☐ Secured Party of record ☐ CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ☐ ADD name: Complete item 7a or 7b, and item 7c ☐ DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME	
Presidio Technology Capital, LLC	
OR	7b. INDIVIDUAL'S SURNAME
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
SUFFIX	

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
Two Sun Court	Norcross	GA	30092	USA

8. COLLATERAL CHANGE: Check only one box: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☒ ASSIGN\* collateral

Indicate collateral:

\*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8

All of the Equipment and personal property and all modifications and additions thereto and replacements and substitutions therefor, in whole or in part, including insurance proceeds therefore under Schedule No. 258849-1 leased or to be leased by Lessor to Debtor/Lessee pursuant to the IPSA dated November 30, 2023, between Presidio Technology Capital, LLC (Lessor) and Radiology & Associates, P.C. (Debtor/Lessee).

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here ☐ and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME				
Presidio Technology Capital, LLC				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Radiology Associates, P.C.

97393968

258849-1

# UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

## FOLLOW INSTRUCTIONS

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

93726737 11/29/2023 SS OR

20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

20a. ORGANIZATION'S NAME

Presidio Technology Capital, LLC

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

22a. ORGANIZATION'S NAME

OR

22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

23. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (24a or 24b)

24a. ORGANIZATION'S NAME

Presidio Technology Capital, LLC

OR

24b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

24c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

Two Sun Court

Norcross

GA

30092

USA

25. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (25a or 25b)

25a. ORGANIZATION'S NAME

Presidio Technology Capital, LLC

OR

25b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

25c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

Two Sun Court

Norcross

GA

30092

USA

26. MISCELLANEOUS: 97393968-OR-0 10014 - PRESIDIO TECHNOLOGY Presidio Technology Capital, LLC File with: Secretary of State, OR 258849-1

**UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY****FOLLOW INSTRUCTIONS**

19. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form

93726737 11/29/2023 SS OR

20. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

20a. ORGANIZATION'S NAME Presidio Technology Capital, LLC	
OR	
20b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

22a. ORGANIZATION'S NAME				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

23. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (24a or 24b)

24a. ORGANIZATION'S NAME Wells Fargo Financial Leasing, Inc.				
OR				
24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
24c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

MAC N0005-044, 800 Walnut Street

Des Moines

IA

50309

USA

25. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (25a or 25b)

25a. ORGANIZATION'S NAME Presidio Technology Capital, LLC				
OR				
25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
25c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

Two Sun Court

Norcross

GA

30092

USA

26. MISCELLANEOUS: 97393968-OR-0 10014 - PRESIDIO TECHNOLOGY Presidio Technology Capital, LLC File with: Secretary of State, OR 258849-1

**Exhibit A**  
**Products**

**Attached to and made a part of Installment Payment and Security Agreement STN # 258849-1 ("IPSA") between Presidio Technology Capital, LLC ("PTC") and Radiology Associates, P.C. ("Customer").**

**Location:** 445 Harlow Rd, Springfield, Oregon 97477-1340

<i>Item No</i>	<i>Qty</i>	<i>Part Number</i>	<i>Serial No.</i>	<i>Description</i>
1	4	PAN-PA-220-ATP-3YR-R		Palo Alto Networks:Advanced Threat Prevention subscription 3-year term renewal, PA-220
2	4	PAN-PA-220-AWF-3YR-R		Palo Alto Networks:Advanced WildFire subscription 3-year term renewal, PA-220
3	1	PAN-PA-220-BND-LAB4-R		Palo Alto Networks:PA-220 Lab Unit Renewal Service Bundle (Advanced Threat Prevention, DNS, Advanced URL Filtering, GlobalProtect, WildFire, SD-WAN, Standard Support)
4	2	PAN-PA-3400-RACK4		Rack Mounting Kit PA-3400
5	2	PAN-PA-3410		Palo Alto Networks PA-3410 with Redundant AC Power Supplies
6	2	PAN-PA-3410-ATP-3YRHA2		ADVANCED THREAT PREVENTION SUBSCRIPTION 3 YEAR TERM FOR DEVICE IN AN HA PAIR, PA-3410
7	2	PAN-PA-3410-AWF-3YRHA2		PA-3410, ADVANCED WILDFIRE SUBSCRIPTION, FOR ONE (1) DEVICE IN AN HA PAIR, 3 YEARS (36 MONTHS) TERM.
8	25	PAN-PA-410-ATP-3YR-R		Palo Alto Networks:PA-410, Advanced Threat Prevention subscription, 3 years (36 months), term, renewal.
9	25	PAN-PA-410-AWF-3YR-R		Palo Alto Networks:PA-410, Advanced WildFire subscription, 3 years (36 months), term, renewal
10	1	PAN-PA-415-BND-LAB4-R		Palo Alto Networks:PA-415, Lab bundle subscription (Advanced Threat prevention, DNS, Advanced URL filtering, GlobalProtect, WildFire, SD-WAN, Standard support), 1 year (12 months) term, renewal.
11	3	PAN-PA-460-ATP-3YR-R		Palo Alto Networks:PA-460, Advanced Threat Prevention subscription, 3 years (36 months), term, renewal.
12	3	PAN-PA-460-AWF-3YR-R		Palo Alto Networks:PA-460, Advanced WildFire subscription, 3 years (36 months), term, renewal
13	1	PAN-PA-850-ADVURL-3YRR		Palo Alto Networks:Subscription Advanced URL Filtering, 3-year, Renewal, PA-850
14	1	PAN-PA-850-ATP-3YR-R		Palo Alto Networks:Advanced Threat Prevention subscription 3-year term renewal, PA-850
15	1	PAN-PA-850-AWF-3YR-R		Palo Alto Networks:Advanced WildFire subscription 3-year term renewal, PA-850
16	4	PAN-SVC-PREM-220-3YR-R		Palo Alto Networks:Premium support 3-year prepaid renewal, PA-220
17	2	PAN-SVC-PREM-3410-3YR		PREMIUM SUPPORT 3-YEAR PREPAID, PA-3410
18	25	PAN-SVC-PREM-410-3YR-R		Palo Alto Networks:PA-410, Premium support, 3 years (36 months), term, renewal.
19	3	PAN-SVC-PREM-460-3YR-R		Palo Alto Networks:PA-460, Premium support, 3 years (36 months), term, renewal.
20	1	PAN-SVC-PREM-850-3YR-R		Palo Alto Networks:Premium support 3-year prepaid renewal, PA-850
21	1	PAN-SVC-PREM-PRA-100-3YR-R		Palo Alto Networks: Premium support 3 year prepaid renewal, Panorama 100 devices