



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone:(800) 331-3282 Fax: (818) 662-4141	
B. SEND ACKNOWLEDGEMENT TO: (Name and Address)	9310 PATTERSON DENTA
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071	10888210 RIRI

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME Kenyon		FIRST NAME Steven	MIDDLE NAME M	SUFFIX DMD, Inc.
1c. MAILING ADDRESS 1840 Harkney Hill Rd.		CITY Coventry	STATE RI	POSTAL CODE 02816-4659
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
				2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME PATTERSON DENTAL SUPPLY, INC				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 1031 MENDOTA HEIGHTS RD		CITY ST PAUL	STATE MN	POSTAL CODE 55120
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

See Attached Schedule A 704/1365483

5. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING				
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA				
10888210		704/426934		704/Boston



INVOICE#: 704/1365483

S STEVEN M KENYON DMD INC  
O 2212 POST RD  
L WARWICK, RI 02886-1540  
D

S PATTERSON DENTAL SUPPLY, INC.  
O 400 RESEARCH DRIVE, SUITE 110  
L WILMINGTON, MA 01887-4407  
D

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T  
O

B  
Y

Customer#: 704/426934-6 Representative: 704-28 Telephone: (978) 262-5100

Order#: 704/0000000

Account: EQUIP

Submitted: 04/02/07

Patterson Plus Level: None

Dept: EQUIP

Item#	Ordered	Shipped	Pkg	Mfr	Mfr Catalog#	Item Description	Unit Price	Amount	TAX	SC
061-4929	1	1	EA	SIRONA		CEREC, CEREC XL , MILLING CHAMBER Serial# 101093 Equipment specialist ID# 25262	59000.00	59000.00	T	03

REPRINTED

Total 1 1

Subtotal 59000.00  
State Tax 4130.00 15

Payment due upon receipt.  
Unpaid balance is subject to service charges not to exceed 1.5% per month.

\*\* YOUR PATTERSON ORDER SHIPPED COMPLETE \*\*

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Total 63130.00