

**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	73878639  RIRI
File with: Secretary of State, RI	

**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	
	Rogol		Neal	W		
1c MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
60 Canochet Way			Narragansett	RI	02882	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 Hqts. 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**  
 73878639 704 200216855

# PATTERSON DENTAL

Neal Rogol DMD  
24 Sail Pond Rd  
Ste G2  
South Kingstown RI 02873-4325  
US

Patterson Dental Supply, Inc.  
400 RESEARCH DR STE 110  
WILMINGTON MA 01887-4407  
US

Order #	Pack Slip #	Invoice #
0609563538	8004301504	3001305107

## INVOICE

Ship Date: Oct 9, 2019 1:43:44 PM  
Invoice Date: Oct 9, 2019  
Customer P.O.:  
Shipped From:  
Patterson Dental Supply, Inc.  
400 RESEARCH DR STE 110  
WILMINGTON MA 01887-4407  
US

Customer #: 0200216655

Loyalty Status: Emerald

Telephone: 978-262-5100  
Representative: Jeffrey Lawrie

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
70448969	1,000	1,000	EA	SIRONA	6428481-W	CEREC MC X WEIDRY Serial # 234333	\$ 45000.00	\$ 45000.00

Total	Sub Total	Local Tax	State Tax
1	1	0%	7.00 %
	\$ 45000.00	\$0.00	\$ 3,150.00

Remit Payment to:  
Patterson Dental Supply, Inc.  
28244 Network Place  
Chicago IL 60673-1282