

UCC-3 Form - CONTINUATION

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FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDALE, CA 91209-9071 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: PATTERSON DENTAL SUPPLY INC

CUSTOMER REFERENCE: RI-0-83378835-62554270
