

STATE OF NEVADA

REORDER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN, 55303
(612) 421-1713

UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

IMPORTANT: Read instructions on back before filling out form.

Receipt No. _____

1. DEBTOR (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST) Collins, Jeffery DDS		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 2369
1B. MAILING ADDRESS 1644 Hwy 395	1C. CITY, STATE Minden, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS	1F. CITY, STATE	1G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME Patterson Dental Company MAILING ADDRESS 1031 Mendota Heights RD CITY St Paul STATE MN ZIP CODE 55120		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.
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6. This FINANCING STATEMENT covers the following types or items of property (if crops or timber, include description of real property on which growing or to be growing and name of record owner of such real estate; if fixtures, include description of real property to which affixed or to be affixed and name of record owner of such real estate; if oil, gas or minerals, include description of real property from which to be extracted).

1 SIEMEN X-RAY MD HELIODENT W/REMOTE 22484
1 SIEMEN X-RAY COMP PASS THROUGH MOUNT FOR
1 STAR HPC COMP #57506 STAR STRAIGHT N
See Schedule "A" invoice #1545266 dated 5/1/95

6A. _____ SIGNATURE OF RECORD OWNER

6B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY

6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)

7. Check if Applicable <input checked="" type="checkbox"/>	A. <input type="checkbox"/> Proceeds of collateral are also covered	B. <input type="checkbox"/> Products of collateral are also covered	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required)	D. <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required)
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8. Check if Applicable DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.

9. (Date) _____ 19____

By X *Jeffery Collins* (Signature) DDS (Title)
Jeffery Collins, DDS
TYPE NAME(S)

By *Cynthia Giles* (Signature) _____ (Title)
Patterson Dental Company
TYPE NAME(S)

10. **Return Copy to:**

NAME ADDRESS CITY, STATE AND ZIP	Patterson Dental Co Attn Cindy Giles 1031 Mendota Heights Rd St Paul MN 55120	Trust Account Number (If Applicable)
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11. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

07954

365820

BK 0795PG0944

WHITE—Alphabetical; PINK—Acknowledgement;
GREEN—Secured Party; BLUE—Debtor.

THIS SPACE FOR USE OF FILING OFFICER



SCHEDULE A

INVOICE 1545266

BUYER(S)
SOLD TO JEFFERY COLLINS DDS
1644 HWY 395
SUITE C
MINDEN
DEPARTMENT

NV 89423
ACCOUNT TYPE

SELLER
STORE: 454 PATTERSON DENTAL Co.
Suite 135
SACRAMENTO CA 95834
TEL: 916 922-8884
ACCOUNT NAME

CUSTOMER #
229167-214
PURCHASE ORDER #

08:57

DATE 05/01/95

Table with columns: ITEM NO., ORDERED, SHIPPED, DESCRIPTION, UNIT, PRICE, AMOUNT, CODES. Contains 6 rows of dental equipment items.

Summary table with columns: SUBTOTAL, STATE TAX (15), LOCAL TAX (15), D/F/P (18), FREIGHT (12), TOTAL.

Shipped Via:

REMARKS:

Thank you

NO CREDIT ISSUED WITHOUT INVOICE NUMBER AND DATE

PAGE : 1

CODES: T-Taxable, P-Previous Back Order, F-1A3



SCHEDULE A

INVOICE 1545266

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TEL: 916 922-8884
ACCOUNT NAME

CUSTOMER #
229167-214
PURCHASE ORDER #

08:57

DATE 05/01/95

Table with columns: ITEM NO., ORDERED, SHIPPED, DESCRIPTION, UNIT, PRICE, AMOUNT, CODES. Contains 2 rows of dental equipment items.

Summary table with columns: SUBTOTAL, STATE TAX (15), LOCAL TAX (15), D/F/P (18), FREIGHT (12), TOTAL.

TO BECOME ATTACHED TO AND PART HEREOF OF A CERTAIN SECURITY AGREEMENT (ADDITIONAL SALE CONTRACT) DATED 05/01/95

Thank you

PAGE : 2

CODES: T-Taxable, P-Previous Back Order, F-1A3

365820
BK0795PG0945

NO CREDIT ISSUED WITHOUT INVOICE NUMBER AND DATE

COPY

REQUESTED BY
Patterson Dental Co
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

'95 JUL 10 AM 11:27

365820
BK0795PG0946

LINDA SLATER
RECORDER
\$ 17.00 PAID TO DEPUTY