

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 checked="" type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
COLLINS, JEFFERY DDS			
1B. MAILING ADDRESS 1644 HWY 395 # C		1C. CITY, STATE MINDEN, NV	1D. ZIP CODE 89423
1E. RESIDENCE ADDRESS		1F. CITY, STATE	1G. ZIP CODE

2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) <input type="checkbox"/> LEGAL BUSINESS NAME <input type="checkbox"/> INDIVIDUAL (LAST NAME FIRST)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
2E. RESIDENCE ADDRESS		2F. CITY, STATE	2G. ZIP CODE

3. ADDITIONAL DEBTOR(S) ON ATTACHED SHEET

4. SECURED PARTY NAME PATTERSON DENTAL COMPANY MAILING ADDRESS 1031 MENDOTA HEIGHTS CITY MENDOTA HEIGHTS 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).

SEE ATTACHED SCHEDULE "A" INVOICE # 1558013 DATED 12-19-95

6A. _____ SIGNATURE OF RECORD OWNER	6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)
6B. _____ (TYPE) RECORD OWNER OF REAL PROPERTY	

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 <input checked="" type="checkbox"/>	DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403.
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9.

(Date) _____ 19__

By *[Signature]* _____ (TITLE)
 JEFFERY COLLINS DDS
 TYPE NAME(S)

By _____ (TITLE)
 PATTERSON DENTAL COMPANY
 TYPE NAME(S)

10. Return Copy to:

NAME ADDRESS CITY, STATE AND ZIP PATTERSON DENTAL COMPANY 1031 mendota HEIFGHTS MENDOTA HEIGHTS, 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)

08043

378599

BK 0196PG 1512

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



I N V O I C E 1558013

BUYER(S)
JEFFERY COLLINS DDS
SOLD TO 1644 HWY 395
SUITE C
MINDEN NV 89423

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

CUSTOMER # 229167-214
PURCHASE ORDER #

10:29 DEPARTMENT ACCOUNT TYPE ACCOUNT NAME DATE 12/19/95

ITEM NO.	ORDERED	SHIPPED	REVEAL	DESCRIPTION	UNIT	PRICE	AMOUNT	CODE
				DIAGNOSTIC STD CART SYSTE EA DP202803A, D103484A,		11883.00	11883.00	0

SUBTOTAL	STATE TAX (15)	LOCAL TAX (15)	D/F/P (18)	FREIGHT (12)	TOTAL
11,883.00	505.03	267.37	0.00	0.00	

REMARKS: TO BECOME ATTACHED TO AND PART HEREOF A CERTAIN SECURITY AGREEMENT (CONDITIONAL SALE CONTRACT) DATED 12/19/95. X Shipped Via: *[Signature]* PAGE :

Thank you

POSTING COPY NO CREDIT ISSUED WITHOUT INVOICE NUMBER AND DATE FINANCE WORKSHEET



I N V O I C E 1558013

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10:29 DEPARTMENT ACCOUNT TYPE ACCOUNT NAME DATE 12/19/95

ITEM NO.	ORDERED	SHIPPED	DESCRIPTION	UNIT	PRICE	AMOUNT	CODE
CONSECUTIVE MO. PAYMENTS		60	1. TOTAL CASH PRICE			11,883.00	
PAYMENTS BEGINNING		01/18/96	2. TAXES (IF ANY)			772.40	
PAYMENT AMOUNT		278.95	3. FILING FEE			30.00	
			4. INSTALLATION CHARGES			0.00	
PAYMENT FACTOR		0.02199	5A. DOWN PAYMENT - CASH			0.00	
			5B. DOWN PAYMENT - TRADE-IN			0.00	
			DESCRIPTION -				
			5C. TOTAL (5a+5b)			0.00	
			6. PRINCIPAL BALANCE				
			(1+2+3+4 minus 5c)			12,685.40	
			7. TIME PRICE DIFFERENTIAL			4,051.60	
			8. TIME BALANCE (6+7)			16,737.00	
			9. TIME SALE PRICE (5+8)			16,737.00	

SUBTOTAL	STATE TAX (15)	LOCAL TAX (15)	D/F/P (18)	FREIGHT (12)	TOTAL

REMARKS: BK0196PG1513 378599 Thank you

POSTING COPY NO CREDIT ISSUED WITHOUT INVOICE NUMBER AND DATE

COPY

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

'96 JAN -9 AM 1:20

LINDA SLATER
RECORDER

\$17.00 PAID Ke DEPUTY

378599

BK0196PG1514