

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) DRANGE, STUART DR	1A. SOCIAL SECURITY OR FEDERAL TAX NO.
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1B. MAILING ADDRESS 1482 MAIN STREET	1C. CITY, STATE GARDNERVILLE, NV	1D. ZIP CODE 89410
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1E. RESIDENCE ADDRESS	1F. CITY, STATE	1G. ZIP CODE
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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.
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2B. MAILING ADDRESS	2C. CITY, STATE	2D. ZIP CODE
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2E. RESIDENCE ADDRESS	2F. CITY, STATE	2G. ZIP CODE
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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 # ~~1563~~ DATED ~~4-3-96~~ and
~~1563909~~
 INVOICE # 1564104 DATED 4-8-96

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

(Date) 4 April 1996

By *Stuart Drange* _____
 SIGNATURE(S) OF DEBTOR(S) (TITLE)
 DR STUART DRANGE

By *Alison Ybarra* _____
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
 PATTERSON DENTAL COMPANY / Alison Ybarra
 TYPE NAME(S)

11. This Space for Use of Filing Officer: (Date, Time, File Number and Filing Officer)

08107

386455

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10. Return Copy to:

<input checked="" type="checkbox"/> PATTERSON DENTAL COMPANY Cindy Giles 1031 MENDOTA HEIGHTS MENDOTA HEIGHTS, MN 55120	Trust Account Number (If Applicable)
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WHITE—Alphabetical; PINK—Acknowledgement; GREEN—Secured Party; BLUE—Debtor.



SCHEDULE A
ATTACHMENT TO UCC

INVOICE 1564104

DEBTOR
DR STUART DRANGE
PO BOX 1005
1482 MAIN STREET
GARDNERVILLE NV 89410

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

CUSTOMER #
280081-114
PURCHASE ORDER #

18:23 DEPARTMENT ACCOUNT TYPE ACCOUNT NAME DATE 04/08/96

ITEM NO.	ORDERED	SHIPPED	DESCRIPTION	UNIT	PRICE	AMOUNT	CODES
	1	1	REVEAL DIAGNOSTIC 50' CABLE KIT 0490557				
	1	1	REVEAL DIAGNOSTIC CDI PLAYER 0493106 49078209				
	1	1	REVEAL DIAGNOSTIC PROFESSOR CD 0493114				
	1	1	REVEAL DIAGNOSTIC FULL FACE LENS 0491324				
	1	1	REVEAL DIAGNOSTIC PRINTER FOOTSW 0491175				

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

REMARKS:

Thank you

PAGE : 1

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CODES: T-Taxable
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SCHEDULE A
ATTACHMENT TO UCC

INVOICE 1564104

DEBTOR
SOLD TO DR STUART DRANGE
PO BOX 1005
1482 MAIN STREET
GARDNERVILLE NV 89410

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

CUSTOMER #
280081-114
PURCHASE ORDER #

18:23 DEPARTMENT ACCOUNT TYPE ACCOUNT NAME DATE
04/08/96

ITEM NO.	ORDERED	SHIPPED	DESCRIPTION	UNIT	PRICE	AMOUNT	CODES
	1	1	REVEAL DIAGNOSTIC SENSOR INFRARE 0491944				
	1	1	REVEAL DIAGNOSTIC HANDLE LIGHT S				
	1	1	REVEAL DIAGNOSTIC CAM MULTI-OP S TO INCLUDE				
	1	1	REVEAL DIAGNOSTIC CABLE KIT-50' W/WALL PLA				
	1	1	REVEAL DIAGNOSTIC CABLE KIT-50' W/WALL PLA				
	1	1	REVEAL DIAGNOSTIC CAMERA DHP2 INTERCHANG DP203837A				
	1	1	REVEAL DIAGNOSTIC VIDEO CONTROLL MULTI-OPER SW6196081505				

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

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SCHEDULE A
ATTACHMENT TO UCC

INVOICE 1564104

DEBTOR
SOLD TO DR STUART DRANGE
PO BOX 1005
1482 MAIN STREET
GARDNERVILLE NV 89410

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

CUSTOMER #
280081-114
PURCHASE ORDER #

DATE
04/08/96

18:23

DEPARTMENT

ACCOUNT TYPE

ACCOUNT NAME

ITEM NO.	ORDERED	SHIPPED	DESCRIPTION	UNIT	PRICE	AMOUNT	CODES
	1	1	REVEAL DIAGNOSTIC FOOTSWITCH UP1200 PRI				
	1	1	REVEAL DIAGNOSTIC FOOTSWITCH UP1200				
	1	1	REVEAL DIAGNOSTIC LENS CLOSE-VIEW				
	1	1	REVEAL DIAGNOSTIC LEN GENERAL PURPOSE				
	1	1	REVEAL DIAGNOSTIC LIGHT SOURCE W/2-6' SV D104236A				
	1	1	REVEAL DIAGNOSTIC 20" MONITORS 18197047				
	1	1	REVEAL DIAGNOSTIC 20" MONITORS 18197048				

SUBTOTAL	STATE TAX (15)	LOCAL TAX (15)	D/F/P (18)	FREIGHT (12)	TOTAL
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SCHEDULE A
ATTACHMENT TO UCC

INVOICE 1564104

DEBTOR
SOLD TO
DR STUART DRANGE
PO BOX 1005
1482 MAIN STREET
GARDNERVILLE
NV 89410

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

CUSTOMER #
280081-114
PURCHASE ORDER #

18:23 DEPARTMENT ACCOUNT TYPE ACCOUNT NAME DATE 04/08/96

ITEM NO.	ORDERED	SHIPPED	DESCRIPTION	UNIT	PRICE	AMOUNT	CODES
	1	1	REVEAL DIAGNOSTIC REMOTE INFRA S				
	1	1	REVEAL DIAGNOSTIC SENSOR REMOTE INFRARED				
	1	1	REVEAL DIAGNOSTIC UP1200 PRINTER W/O FOOTSW 13022				
	1	1	REVEAL DIAGNOSTIC CABLE KIT-75' W/WALL PLA				
	1	1	REVEAL DIAGNOSTIC FOOTSWITCH PRINTER UP				
	1	1	REVEAL DIAGNOSTIC MONITORS 20" 18196108				
	1	1	REVEAL DIAGNOSTIC MONITORS 20" 18196864				

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

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SCHEDULE A
ATTACHMENT TO UCC

INVOICE 1564104

SOLD TO
DEBTOR
DR STUART DRANGE
PO BOX 1005
1482 MAIN STREET
GARDNERVILLE NV 89410

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

CUSTOMER #
280081-114
PURCHASE ORDER #

18:23 DEPARTMENT ACCOUNT TYPE ACCOUNT NAME DATE 04/08/96

ITEM NO.	ORDERED	SHIPPED	DESCRIPTION	UNIT	PRICE	AMOUNT	CODES
	1	1	REVEAL DIAGNOSTIC REMOTE INFRA R 0491944				
	1	1	REVEAL DIAGNOSTIC MODULATOR 0491373 9603077078				
	1	1	REVEAL DIAGNOSTIC CABLE INTERFAC IR SPLITTE				
	1	1	REVEAL DIAGNOSTIC CABLE INTERFAC IR SPLITTE				
	1	1	REVEAL DIAGNOSTIC IRT 64 0492025				
	1	1	REVEAL DIAGNOSTIC EMITTER INFRAR 049-0904				
	1	1	REVEAL DIAGNOSTIC EMITTER INFRAR				

SUBTOTAL	STATE TAX (15)	LOCAL TAX (15)	D/F/P (18)	FREIGHT (12)	TOTAL
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SCHEDULE A
ATTACHMENT TO UCC

I N V O I C E 1564104

DEBTOR
SOLD TO DR STUART DRANGE
PO BOX 1005
1482 MAIN STREET
GARDNERVILLE NV 89410

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

CUSTOMER #
280081-114
PURCHASE ORDER #

18:23 DEPARTMENT ACCOUNT TYPE ACCOUNT NAME DATE
04/08/96

ITEM NO.	ORDERED	SHIPPED	DESCRIPTION	UNIT	PRICE	AMOUNT	CODES
	1	1	REVEAL DIAGNOSTIC EXTENTION 1' F JUMBO MT				
	1	1	REVEAL DIAGNOSTIC EXTENTION 1' F JUMBO MT				
	1	1	REVEAL DIAGNOSTIC EXTENTION 1' F JUMBO MT				
	1	1	REVEAL DIAGNOSTIC EXTENTION 1' F JUMBO MT				
	1	1	REVEAL DIAGNOSTIC CEILIN PLATE STRUCTURE/				
	1	1	REVEAL DIAGNOSTIC CEILIN PLATE STRUCTURE/				
	1	1	REVEAL DIAGNOSTIC CEILIN PLATE STRUCTURE/				

SUBTOTAL	STATE TAX (15)	LOCAL TAX (15)	D/F/P (18)	FREIGHT (12)	TOTAL
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SCHEDULE A
ATTACHMENT TO UCC

INVOICE 1564104

DEBTOR
SOLD TO DR STUART DRANGE
PO BOX 1005
1482 MAIN STREET
GARDNERVILLE NV 89410

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

CUSTOMER #
280081-114
PURCHASE ORDER #

18:23

DEPARTMENT

ACCOUNT TYPE

ACCOUNT NAME

DATE

04/08/96

ITEM NO.	ORDERED	SHIPPED	DESCRIPTION	UNIT	PRICE	AMOUNT	CODES
	1	1	REVEAL DIAGNOSTIC CEILIN PLATE STRUCTURE/				
	1	1	REVEAL DIAGNOSTIC JUMBO MOUNT FO 19"-20"				
	1	1	REVEAL DIAGNOSTIC JUMBO MOUNT FO 19"-20"				
	1	1	REVEAL DIAGNOSTIC JUMBO MOUNT FO 19"-20"				
	1	1	REVEAL DIAGNOSTIC JUMBO MOUNT FO 19"-20"				

SUBTOTAL	STATE TAX (15)	LOCAL TAX (15)	D/F/P (18)	FREIGHT (12)	TOTAL
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REQUESTED BY
Patterson Dental Co.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'96 APR 29 P1 33

LINDA SLATER
RECORDER

\$22.00 PAID *[Signature]* DEPUTY

386455

BK 04 96 PG 5335