

STATE OF NEVADA

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) Drange, Stuart DDS		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED] 3057	
1B. MAILING ADDRESS 1482 Main Street		1C. CITY, STATE Gardnerville, NV	
1E. RESIDENCE ADDRESS		1D. ZIP CODE 89410	
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	
2E. RESIDENCE ADDRESS		2D. ZIP CODE	
2F. CITY, STATE		2G. ZIP CODE	
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME Patterson Dental Supply, Inc 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.	
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.	

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).

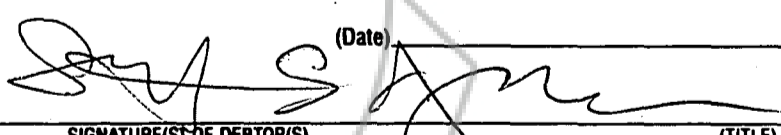
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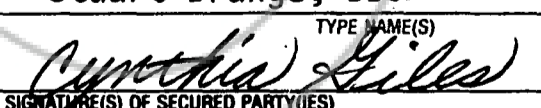
6A. _____ **SIGNATURE OF RECORD OWNER** **6C. \$** _____ **MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL)**

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)
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.			

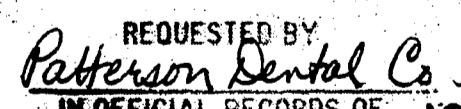
9.

By X  (Date) _____ 19__
 SIGNATURE(S) OF DEBTOR(S) (TITLE)
Stuart Drange, DDS

By  (Date) _____
 SIGNATURE(S) OF SECURED PARTY(IES) (TITLE)
Patterson Dental Supply, Inc

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

08177

REQUESTED BY

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

'96 OCT -3 AM:31

LINDA SLATER
 DEPUTY
\$15.00 PAID BY DEPUTY

397865 BK 1096PG0362

10. Return Copy to:

<input checked="" type="checkbox"/> Cindy Giles NAME ADDRESS CITY, STATE AND ZIP Patterson Dental Supply, inc 1031 Mendota Heights Rd St Paul MN 55120	Trust Account Number (If Applicable)
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