

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) <u>Collins, Jeffery</u>		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS <u>1644 Hwy 395, Suite C</u>		1C. CITY, STATE <u>Minden, NV</u>	
1E. RESIDENCE ADDRESS		1D. ZIP CODE <u>89423</u>	
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 <u>Patterson Dental Supply Inc</u> MAILING ADDRESS <u>1031 Mendota Heights Road</u> CITY <u>St. Paul</u> STATE <u>MN</u> ZIP CODE <u>55120</u>		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).

See Attached Schedule A

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)
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. _____ (Date) _____ 19____

By (SIGNATURE(S) OF DEBTOR(S)) DDS (TITLE)

Jeffery Collins, DDS (TYPE NAME(S))

By _____ (SIGNATURE(S) OF SECURED PARTY(IES)) _____ (TITLE)

PATTERSON DENTAL SUPPLY, INC. (TYPE NAME(S))

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

08698

0516671
BK0601PG4719

10. **Return Copy to:**

NAME <u>Patterson Dental Supply Inc</u>	Trust Account Number (If Applicable)
ADDRESS <u>1031 Mendota Heights Road</u>	
CITY, STATE AND ZIP <u>St. Paul, MN 55120</u>	

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



DENTAL SUPPLY, INC.

SCHEDULE A ATTACHMENT TO UCC

INVOICE 1667380

SOLD TO

DEBTOR
JEFFERY COLLINS DDS
1644 HWY 395, SUITE C
MINDEN, NV 89423-0000

STORE:

SECURED PARTY
SACRAMENTO BRANCH
3830 AHERTON RD/STE. 100
ROCKLIN, CA 95765-3700

CUSTOMER #
229167-221
PURCHASE ORDER #

TEL:

916 630-5520
EQ# 65815

TECH REP#: 16707
06/05/2001

DEPARTMENT

ACCOUNT TYPE

07:57

ITEM NO.	ORDERED	SHIPPED	DESCRIPTION	UNIT	PRICE	AMOUNT	CODES
	1	1	SCHICK DIG XR SEN #2 SENSOR 607839				
	1	1	SCHICK DIG XR SEN #2 SENSOR 606344				
	1	1	SCHICK DIG XR SEN #1 SENSOR 500474				
	1	1	SCHICK DIG XR SEN CDR REMOTE MODULE 21334				
	1	1	SCHICK DIG XR SEN CDR REMOTE MODULE 14668				

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 / 20094

REQUESTED BY
Patterson Dental Supply
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2001 JUN 19 AM 8:52

LINDA SLATER
RECORDER

\$16 PAID *KJ* DEPUTY

0516671

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