2010-003322 Klamath County, Oregon

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UCC FINANCING STATEMENT AMENDMENT 03/16/2010 08:25:00 AM Fee: \$52.00 FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] CODY NEILSON 541-984-2268 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) PACIFIC CONTINENTAL BANK PO BOX 10727 EUGENE, OR 97440-2727 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or record) in the REAL ESTATE RECORDS. #2009-010422 FILED ON 7/31/09 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law ASSIGNMENT: (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects [] Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in item 6 and/or 7. ADD name: Complete item 7a or7b, and also item CHANGE name and/or address: Give current record name in item 6a or 6b; also give new DELETE name; Give record name name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME Advantage Dental Clinics, LLC MIDDLE NAME SUFFIX 6b. INDIVIDUAL'S LAST NAME FIRST NAME 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME Advantage Consolidated, LLC MIDDLE NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME FIRST NAME STATE POSTAL CODE COUNTRY 7c. MAILING ADDRESS 97756 442 S.W. Umatilla, Suite 200 Redmond OR 7g. ORGANIZATIONAL ID #, if any ADD'L. INFO RE | 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7d. RGANIZATION 437438-97 LLC Oregon DEBTOR ■ NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 9.NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment 9a. ORGANIZATION'S NAME PACIFIC CONTINENTAL BANK SUFFIX MIDDLE NAME FIRST NAME 96 INDIVIDUAL'S LAST NAME 10. OPTIONAL FILER REFERENCE DATA

USE THIS FORM TO ADD NAMES ONLY

(DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

	C FINANCING STATE	MENT ADDITIONAL PAR	TY			
		or 1b) ON RELATED FINANCING ST	ATEMENT			
Ī	19a. ORGANIZATION'S NAME			*		
	Advantage Dental Clini	ics, LLC				
OR	19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
20. N	ISCELLANEOUS:					
			T	HE AROVE SPACE IS	FOR FILING OFFICE U	SE ON! Y
21.		CT FULL LEGAL NAME - insert only			ON TIZERO OF TROE O	
	21a. ORGANIZATION'S NAME					
OR	Advantage Community 21b. INDIVIDUAL'S LAST NAME	Holding Company, LLC	FIRST NAME	MIDDLI	MIDDLE NAME	
			CITY	STATE	POSTAL CODE	COUNTRY
	MAILING ADDRESS		i -		1	COUNTRY
	2 S.W. Umatilla, Suite 20		Redmond	OR	97756	
	TIONAL INFORMATION RGANIZATION DEBTOR	21d. TYPE OF ORGANIZATION LLC	21e. JURISDICTION OF ORGANI Oregon	.	21f. ORGANIZATIONAL ID#, if any 429774-96	
	ADDITIONAL DEDTODIC EVA	CT FULL LEGAL NAME - insert only			74-20	NONE
22.	22a, ORGANIZATION'S NAME		one frame (222 of 225) - 00 hot abbrevi	ata or compilie names		
ÖR	Advantage Support Se	rvices, LLC				SUFFIX
O/A	22b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDL	MIDDLE NAME	
220	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
	2 S.W. Umatilla, Suite 20		Redmond	OR	97756	
	TIONAL INFORMATION	22d. TYPE OF ORGANIZATION	22e. JURISDICTION OF ORGANI	i	RGANIZATIONAL ID#, if any	
	RGANIZATION DEBTOR	LLC	Oregon	[95-97	NONE
23.		ACT FULL LEGAL NAME - insert only	one name (23a or 23b) - do not abbrevi	ate or combine names		
	23a. ORGANIZATION'S NAME					
OR	Advantage Property M 23b. INDIVIDUAL'S LAST NAME	lanagement, LLC			E 1111/E	SUFFIX
•	23b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDL	MIDDLE NAME	
23c.	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
442	2 S.W. Umatilla, Suite 20	00	Redmond	OR	97756	
	TIONAL INFORMATION	23d. TYPE OF ORGANIZATION	23e. JURISDICTION OF ORGANI	ZATION 23f. OF	RGANIZATIONAL ID.#, if an	у '
REO	RGANIZATION DEBTOR	LLC	Oregon	1189	65-94	NONE
24.	ADDITIONAL SECURED PAR	RTY'S NAME (or Name of TOTAL A	SSIGNEE) - insert only <u>one</u> name (24	a or 24b)		
	24a. ORGANIZATION'S NAME					
OR						SUFFIX
245. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDL	MIDDLE NAME		
240	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
240.	WALLING ADDITION					
25	ADDITIONAL SECURED PAR	RTY'S NAME (or Name of TOTAL A	SSIGNEE) - insert only one name (25	a or 25b)		
4	25a. ORGANIZATION'S NAME					
OR 25b. INDIVIDUAL'S LAST NAME		MA	FIRST NAME	MIDDL	MIDDLE NAME	
25c.	MAILING ADDRESS	<u> </u>	CITY	STATE	POSTAL CODE	COUNTRY

USE THIS FORM TO <u>ADD</u> NAMES ONLY (DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

UCC FINANCING STATE FOLLOW INSTRUCTIONS (front ar	MENT ADDITIONAL PAR	TY			
	or 1b) ON RELATED FINANCING ST	ATEMENT			
19a. ORGANIZATION'S NAME	· · · · · · · · · · · · · · · · · · ·				
Advantage Dental Clin	nies, LLC				
OR 19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
20. MISCELLANEOUS:					
		THE	E ABOVE SPACE IS FO	R FILING OFFICE US	E ONLY
= * * * *	ACT FULL LEGAL NAME - insert only		·		
21a, ORGANIZATION'S NAME	134			•	
OR 21b. INDIVIDUAL'S LAST NAME	ar Management, LLC	FIRST NAME	MIDDLE	AMÉ	SUFFIX
21c, MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
442 S.W. Umatilla, Suite 2	200	Redmond	OR	97756	
ADDITIONAL INFORMATION REORGANIZATION DEBTOR	21d. TYPE OF ORGANIZATION	216. JURISDICTION OF ORGANIZA Oregon	110N 21f. ORGA 63745	INIZATIONAL ID #. if any	NONE
	(ACT FULL LEGAL NAME - insert only			1-07	
22a. ORGANIZATION'S NAME					
OR Advantage Equipmen	it Leasing, LLC	FIRST NAME	MIDDLE	MIDDLE NAME	
22c. MAILING ADDRESS	200	CITY	STATE OR	POSTAL CODE	COUNTRY
442 S.W. Umatilia, Suite 2	200 122d. TYPE OF ORGANIZATION	Redmond 22e. JURISDICTION OF ORGANIZA	1	NIZATIONAL ID #, if any	
REORGANIZATION DEBTOR	LLC	Oregon		609441-97	
	(ACT FULL LEGAL NAME - insert only	one name (23a or 23b) - do not abbreviate	e or combine names		
23a. ORGANIZATION'S NAME	and a TIC				
OR Advantage Clinic Pro	perties, LLC	FIRST NAME	MIDDLE 1	IAME	SUFFIX
		CITY	STATE	POSTAL CODE	COUNTRY
23c. MAILING ADDRESS 442 S.W. Umatilla, Suite 2	200	Redmond	į.	97756	Court
ADDITIONAL INFORMATION	23d. TYPE OF ORGANIZATION	23e. JURISDICTION OF ORGANIZA	ATION 23f. ORG	ANIZATIONAL ID #, if any	
REORGANIZATION DEBTOR	LLC	Oregon	60943	2-98	NONE
24. ADDITIONAL SECURED PA	ARTY'S NAME (or Name of TOTAL A	SSIGNEE) - inseπ only <u>one</u> name (24a	or 24b)	· · · · · · · · · · · · · · · · · · ·	
OR 24b. INDIVIDUAL'S LAST NAME	24b. INDIVIDUAL'S LAST NAME		MIDDLE	MIDDLE NAME	
24c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
OF ADDITIONAL PEGLIDES BA	ARTY'S NAME (or Name of TOTAL A	SCICNEE inner	or 25h\		
25. ADDITIONAL SECURED PA	ANTE OF NAME OF VALA	OOIGINEE) - insert only one name (20a	U: 20U)		
OR 25b, INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
200, INDIVIDUALS EAST NAME		, HAST PREINE	MODEE	v: 11716	J. J
25c. MAILING ADDRESS		СПҮ	STATE	POSTAL CODE	COUNTRY

USE THIS FORM TO <u>ADD</u> NAMES ONLY (DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

FOL	LOW INSTRUCTIONS (front and I	DECK) CAREFULLY					
19. N	IAME OF FIRST DEBTOR (1a or	1b) ON RELATED FINANCING STA	TEMENT				
	19a, ORGANIZATION'S NAME						
	Advantage Dental Clinic	s, LLC					
OR	19b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
20.4	MISCELLANEOUS:						
20.1	WISCELLANEOUS:						
			i				
				1			
				THE ABOVE S	SPACE IS EQ	R FILING OFFICE US	E ONLY
21	ADDITIONAL DEBTOR'S EXAC	T FULL LEGAL NAME - insert only o	ne name (21a or 21b) - do no				
21.	218. ORGANIZATION'S NAME	TO COLUMN TO THE TOTAL OF THE T					
	Advantage Dental Grou	n, LLC					
OR	Advantage Dental Grou	1	FIRST NAME		MIDDLE NAME		SUFFIX
							001111751/
21c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	2 S.W. Umatilla, Suite 200		Redmond		OR	97756	
	DITIONAL INFORMATION	21d. TYPE OF ORGANIZATION	21e. JURISDICTION OF	ORGANIZATION		NIZATIONAL ID#, If any	None
	DRGANIZATION DEBTOR	LLC	Oregon		609710	J-91	INONE
22:		T FULL LEGAL NAME - insert only g	one name (22a or 22b) - do no	ot abbreviate or combine	names		
	22a, ORGANIZATION'S NAME						
OR	22b. INDIVIDUAL'S LAST NAME		FIRST NAME		I MIDDLE N	IAME	SUFFIX
	220, INDIVIDUALS LAST NAME		, , , _ , , _ , , _ , , , , , , , , , ,				
22c	. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
ADI	DITIONAL INFORMATION	22d. TYPE OF ORGANIZATION	22e. JURISDICTION OF	ORGANIZATION	22f. ORG	ANIZATIONAL ID#, if any	_
	DRGANIZATION DEBTOR						NONE
23.	ADDITIONAL DEBTOR'S EXAC	CT FULL LEGAL NAME - insert only	one name (23a or 23b) - do no	ot abbreviate or combine	e names		
	23a. ORGANIZATION'S NAME						
OR			I FIRST NAME		MIDDLE I	NAME	SUFFIX
011	23b. INDIVIDUAL'S LAST NAME		FIRST NAME		WIDDLE NAME		
225	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
230	, MALING ADDITION						
ADI	DITIONAL INFORMATION	23d. TYPE OF ORGANIZATION	23e. JURISDICTION OF	ORGANIZATION	23f. ORG	ANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR						NONE
24.	ADDITIONAL SECURED PAR	TY'S NAME (or Name of TOTAL A	SSIGNEE) - insert only one	name (24a or 24b)			
	24a. ORGANIZATION'S NAME						
05							I SUFFIX
OR 24b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX	
	A PROPERTY		CITY		STATE	POSTAL CODE	COUNTRY
240	. MAILING ADDRESS		OAT 1				
	···		COLONIES				
25.		TY'S NAME (or Name of TOTAL A	SSIGNEE) - Insert only one	name (25a or 25b)			
	25a. ORGANIZATION'S NAME						
OF	25b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
250	. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
			1				