

2010-003322

Klamath County, Oregon



00081275201000033220040042

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

03/16/2010 08:25:00 AM

Fee: \$52.00

A. NAME &amp; 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

1a. INITIAL FINANCING STATEMENT FILE #

#2009-010422 FILED ON 7/31/09

1b. This FINANCING STATEMENT AMENDMENT is  
to be filed [for record] (or record) in the  
REAL ESTATE RECORDS.2. ☐ **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.3. ☐ **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.4. ☐ **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.☐ **CHANGE name and/or address:** Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.☐ **DELETE name:** Give record name to be deleted in item 6a or 6b.☒ **ADD name:** Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

Advantage Dental Clinics, LLC

OR 6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

Advantage Consolidated, LLC

OR 7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

442 S.W. Umatilla, Suite 200

CITY

Redmond

STATE

OR

POSTAL CODE

97756

COUNTRY

7d.

ADD'L. INFO RE  
ORGANIZATION  
DEBTOR

7e. TYPE OF ORGANIZATION

LLC

7f. JURISDICTION OF ORGANIZATION

Oregon

7g. ORGANIZATIONAL ID #, if any

437438-97

☐ NONE8. 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

OR 9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

USE THIS FORM TO **ADD NAMES ONLY**  
(DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

**UCC FINANCING STATEMENT ADDITIONAL PARTY**

**FOLLOW INSTRUCTIONS (front and back) CAREFULLY**

**19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

19a. ORGANIZATION'S NAME <b>Advantage Dental Clinics, LLC</b>		
OR	19b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

**20. MISCELLANEOUS:**

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**21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (21a or 21b) - do not abbreviate or combine names

21a. ORGANIZATION'S NAME <b>Advantage Community Holding Company, LLC</b>				
OR	21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
21c. MAILING ADDRESS <b>442 S.W. Umatilla, Suite 200</b>		CITY <b>Redmond</b>	STATE <b>OR</b>	POSTAL CODE <b>97756</b>
21d. TYPE OF ORGANIZATION <b>LLC</b>		21e. JURISDICTION OF ORGANIZATION <b>Oregon</b>		21f. ORGANIZATIONAL ID #, if any <b>429774-96</b> <input type="checkbox"/> NONE

**22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (22a or 22b) - do not abbreviate or combine names

22a. ORGANIZATION'S NAME <b>Advantage Support Services, LLC</b>				
OR	22b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
22c. MAILING ADDRESS <b>442 S.W. Umatilla, Suite 200</b>		CITY <b>Redmond</b>	STATE <b>OR</b>	POSTAL CODE <b>97756</b>
22d. TYPE OF ORGANIZATION <b>LLC</b>		22e. JURISDICTION OF ORGANIZATION <b>Oregon</b>		22f. ORGANIZATIONAL ID #, if any <b>569595-97</b> <input type="checkbox"/> NONE

**23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (23a or 23b) - do not abbreviate or combine names

23a. ORGANIZATION'S NAME <b>Advantage Property Management, LLC</b>				
OR	23b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
23c. MAILING ADDRESS <b>442 S.W. Umatilla, Suite 200</b>		CITY <b>Redmond</b>	STATE <b>OR</b>	POSTAL CODE <b>97756</b>
23d. TYPE OF ORGANIZATION <b>LLC</b>		23e. JURISDICTION OF ORGANIZATION <b>Oregon</b>		23f. ORGANIZATIONAL ID #, if any <b>118965-94</b> <input type="checkbox"/> NONE

**24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE)** - insert only one name (24a or 24b)

24a. ORGANIZATION'S NAME				
OR	24b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
24c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

**25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE)** - insert only one name (25a or 25b)

25a. ORGANIZATION'S NAME				
OR	25b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
25c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

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**UCC FINANCING STATEMENT ADDITIONAL PARTY**  
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**19. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

19a. ORGANIZATION'S NAME		
Advantage Dental Clinics, LLC		
OR	19b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

**20. MISCELLANEOUS:**

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**21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (21a or 21b) - do not abbreviate or combine names

21a. ORGANIZATION'S NAME				
Advantage Professional Management, LLC				
OR	21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
21c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
442 S.W. Umatilla, Suite 200		Redmond	OR	97756
ADDITIONAL INFORMATION	21d. TYPE OF ORGANIZATION	21e. JURISDICTION OF ORGANIZATION	21f. ORGANIZATIONAL ID #, if any	
REORGANIZATION DEBTOR	LLC	Oregon	637451-87 <input type="checkbox"/> NONE	

**22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (22a or 22b) - do not abbreviate or combine names

22a. ORGANIZATION'S NAME				
Advantage Equipment Leasing, LLC				
OR	22b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
22c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
442 S.W. Umatilla, Suite 200		Redmond	OR	97756
ADDITIONAL INFORMATION	22d. TYPE OF ORGANIZATION	22e. JURISDICTION OF ORGANIZATION	22f. ORGANIZATIONAL ID #, if any	
REORGANIZATION DEBTOR	LLC	Oregon	609441-97 <input type="checkbox"/> NONE	

**23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (23a or 23b) - do not abbreviate or combine names

23a. ORGANIZATION'S NAME				
Advantage Clinic Properties, LLC				
OR	23b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
23c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
442 S.W. Umatilla, Suite 200		Redmond	OR	97756
ADDITIONAL INFORMATION	23d. TYPE OF ORGANIZATION	23e. JURISDICTION OF ORGANIZATION	23f. ORGANIZATIONAL ID #, if any	
REORGANIZATION DEBTOR	LLC	Oregon	609432-98 <input type="checkbox"/> NONE	

**24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE)** - insert only one name (24a or 24b)

24a. ORGANIZATION'S NAME				
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OR	19b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

**20. MISCELLANEOUS:**

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**21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (21a or 21b) - do not abbreviate or combine names

21a. ORGANIZATION'S NAME <b>Advantage Dental Group, LLC</b>				
OR	21b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
21c. MAILING ADDRESS <b>442 S.W. Umatilla, Suite 200</b>		CITY <b>Redmond</b>	STATE <b>OR</b>	POSTAL CODE <b>97756</b>
21d. TYPE OF ORGANIZATION <b>LLC</b>		21e. JURISDICTION OF ORGANIZATION <b>Oregon</b>		21f. ORGANIZATIONAL ID #, if any <b>609710-91</b> <input type="checkbox"/> NONE

**22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME** - insert only one name (22a or 22b) - do not abbreviate or combine names

22a. ORGANIZATION'S NAME				
OR	22b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
22c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
22d. TYPE OF ORGANIZATION		22e. JURISDICTION OF ORGANIZATION	22f. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

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23c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
23d. TYPE OF ORGANIZATION		23e. JURISDICTION OF ORGANIZATION	23f. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	

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25c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY