

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional)

B E-MAIL CONTACT AT FILER (optional)

C SEND ACKNOWLEDGMENT TO (Name and Address)

CENTRAL BANK
SBA LOAN DEPARTMENT
75 NORTH UNIVERSITY AVE.
PROVO, UT 84601

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S NAME Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a ORGANIZATION'S NAME
PROFESSIONAL DENTAL, LLC

OR

1b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

PO BOX 1806 OREM UT 84059 USA

2 DEBTOR'S NAME Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a ORGANIZATION'S NAME

OR

2b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

MYERS JOHN W.

2c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

13304 SOUTH LAKE FOREST DRIVE DRAPER UT 84020 USA

3 SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) Provide only one Secured Party name (3a or 3b)

3a ORGANIZATION'S NAME
CENTRAL BANK

OR

3b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

525 W SUNRISE WAY LEHI UT 84043 USA

4 COLLATERAL This financing statement covers the following collateral:

All Equipment and Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

Tax ID 093640002

5 Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing

7 ALTERNATIVE DESIGNATION (if applicable) Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8 OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9 NAME OF FIRST DEBTOR Same as line 1a or 1b on Financing Statement if line 1b was left blank because Individual Debtor name did not fit check here

9a ORGANIZATION'S NAME PROFESSIONAL DENTAL, LLC	
OR	
9b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10 DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact full name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a ORGANIZATION'S NAME	
OR	
10b INDIVIDUAL'S SURNAME HACK	
INDIVIDUAL'S FIRST PERSONAL NAME JEAN	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10c MAILING ADDRESS 164 NORTH 550 EAST	CITY LINDON	STATE UT	POSTAL CODE 84042	COUNTRY USA
---	----------------	-------------	----------------------	----------------

11 ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME				
OR				
11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14 This FINANCING STATEMENT covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)
WYNDOM SQUARE, L.L.C.
1178 WEST LEGACY CROSSING BLVD, STE 100
CENTERVILLE, UT 84014

16 Description of real estate
ALL OF LOT 2, WYNDOM SQUARE COMMERCIAL SUBDIVISION PHASE 2.
CONT. 1.31700 ACRES
MORE COMMONLY KNOWN AS 1240 E HWY 193 SUITE G1 LAYTON, UT.
84040.

17 MISCELLANEOUS

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9 NAME OF FIRST DEBTOR Same as line 1a or 1b on Financing Statement, if line 1b was left blank because Individual Debtor name did not fit, check here

9a ORGANIZATION'S NAME PROFESSIONAL DENTAL, LLC	
OR	
9b INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10 DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact full name do not omit, modify or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a ORGANIZATION'S NAME	
OR	
10b INDIVIDUAL'S SURNAME HACK	
INDIVIDUAL'S FIRST PERSONAL NAME ROBERT	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) D.	SUFFIX

10c MAILING ADDRESS 164 NORTH 550 EAST	CITY LINDON	STATE UT	POSTAL CODE 84042	COUNTRY USA
---	----------------	-------------	----------------------	----------------

11 ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME			
OR			
11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
---------------------	------	-------	-------------	---------

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13 This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14 This FINANCING STATEMENT
 covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)
 WYNDOM SQUARE, L.L.C.
 1178 WEST LEGACY CROSSING BLVD, STE 100
 CENTERVILLE, UT 84014

16 Description of real estate
 ALL OF LOT 2, WYNDOM SQUARE COMMERCIAL SUBDIVISION PHASE 2.
 CONT. 1.31700 ACRES
 MORE COMMONLY KNOWN AS 1240 E HWY 193 SUITE G1 LAYTON, UT.
 84040.

17 MISCELLANEOUS

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9 NAME OF FIRST DEBTOR Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a ORGANIZATION'S NAME
PROFESSIONAL DENTAL, LLC

OR

9b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10 DEBTOR'S NAME Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact full name do not omit, modify or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a ORGANIZATION'S NAME
PROFESSIONAL DENTAL FRANCHISE, LLC

OR

10b INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

10c MAILING ADDRESS

1172 WEST 700 NORTH #110	CITY LINDON	STATE UT	POSTAL CODE 84042	COUNTRY USA
--------------------------	----------------	-------------	----------------------	----------------

11 ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME Provide only one name (11a or 11b)

11a ORGANIZATION'S NAME

OR

11b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

11c MAILING ADDRESS

	CITY	STATE	POSTAL CODE	COUNTRY
--	------	-------	-------------	---------

12 ADDITIONAL SPACE FOR ITEM 4 (Collateral)

13 This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14 This FINANCING STATEMENT covers timber to be cut covers as-extracted collateral is filed as a fixture filing

15 Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest)
WYNDOM SQUARE, L.L.C.
1178 WEST LEGACY CROSSING BLVD, STE 100
CENTERVILLE, UT 84014

16 Description of real estate
ALL OF LOT 2, WYNDOM SQUARE COMMERCIAL SUBDIVISION PHASE 2,
CONT. 1.31700 ACRES
MORE COMMONLY KNOWN AS 1240 E HWY 193 SUITE G1 LAYTON, UT,
84040.

17 MISCELLANEOUS