

## EFS-3

STATE OF OREG Corporation Division -255 Capitol St. NE, Sui Salem, OR 97310-1: (503)986-2200 Fax (503)3 http://www.FilingInOrego

FILED: APR 03, 2024 02:26 PM OREGON SECRETARY OF STATE



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## Statement Of Termination, Continuation, Assignment, Amendment PLEASE TYPE OR PRINT LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

EFS

A	. THIS STATEMENT REFERS TO	ORIGINAL FINANCING STAT	EMENT NUMBER: 466690	DATE FILED: 5/3/1999	
	This filing supersedes all previous information associated with this filing number. Please complete this form with all the current information.				
B.	B. TYPE OF AMENDMENT (CHECK ALL BOXES THAT APPLY)  LAPSE/TERMINATION (NO FEE). The Secured Party certifies that they no longer claim interest under the financing statement bearing the file number shown in SECTION A.				
Σ	CONTINUATION. Submitted within six months prior to expiration date.				
	ASSIGNMENT. The Secured Party assigns to the Assignee whose name and address is shown in SECTION F and bearing the file number shown in SECTION A.				
C.	C. NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST			Mark One: If Individual, list last name first.	
1. Parks, Craig F.				Business Individual	
2	Parks, Cynthia L.	Business 💢 - Individual '			
3				- Business - Individual	
D	D. MAILING ADDRESS				
1	1. 76015 Col Jordan Rd., Hermiston OR 97838-6175				
2	2. 76015 Col Jordan Rd., Hermiston OR 97838-6175				
3.					
E. SECURED PARTY NAME(S) AND ADDRESS(ES)					
1. Banner Bank 110 S Ferrall, Spokane WA 99202					
2	2				
3					
_	ASSIGNEE NAME AND ADDRESS (If any)				
1	1.				
2					
3					
G	FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)	
	0204	- 59	-	-	
		- `	-	•	
		-	-	-	
_		-		-	
_	·	-		-	
		-	-	-	
_			Jody La	wton	
Debtor			Secured Party		

The requirement that a document be signed, authorized or otherwise authenticated by the debtor is satisfied if the debtor has executed a security agreement against a security interest in the farm products to the secured party ORS Chapter 80.115 (7).

RETURN

**Lien Solutions** PO Box 29071 Glendale, CA 91209-9071 Order 97409891

OR SOS

Make check for \$15.00 payable to "Corporation Division"

FEES

Note: Filing fees may be paid with VISA, MasterCard, American Express or Discover card. The card number and expiration date should be submitted on a separate sheet of paper for your

DO NOT SUBMIT DUPLICATES OF THIS FILING OR ITS ATTACHMENTS