



EFS-3

STATE OF OREGON
Corporation Division - UCC
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
(503)986-2200 Fax (503)373-1166
http://www.FilingInOregon.com

FILED: MAY 10, 2014 03:09 PM
OREGON SECRETARY OF STATE



LIEN NO. 90467702-2

CULBERTSON, MONTY DE

EFS

Statement Of Termination, Continuation, Assignment, Amendment

PLEASE TYPE OR PRINT LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 90467702 DATE FILED: 06/01/2015

This filing supersedes all previous information associated with this filing number. Please complete this form with all the current information.

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.
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. NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST

- Culbertson, Monty Dean
Culbertson, Kathleen Marie

Mark One:

If Individual, list last name first.

- Business [X] - Individual
- Business [X] - Individual
- Business [] - Individual

D. MAILING ADDRESS

- 3334 NW 5th Avenue, Ontario, OR 97914
3334 NW 5th Avenue, Ontario, OR 97914

E. SECURED PARTY NAME(S) AND ADDRESS(ES)

- Columbia State Bank, 98 South Oregon St, Ontario, OR 97914

F. ASSIGNEE NAME AND ADDRESS (if any)

- 1ST Security Bank of Washington, PO Box 97000, Lynnwood, WA 98046

Table with 4 columns: FARM PRODUCT CODE, COUNTY CODE, CROP YEAR (if applicable), AMOUNT (if applicable). Rows include codes 1001, 0201, 0204.

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 TO:

CSC
1127 Broadway St. NE,
Suite 310
Salem, OR 97301
282751888

FEES

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

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 protection.

DO NOT SUBMIT DUPLICATES OF THIS FILING OR ITS ATTACHMENTS