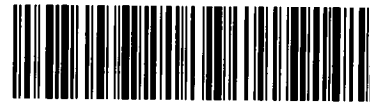




Secretary of State
Corporation Division - UCC
255 Capitol St. NE, Ste. 151
Salem, OR 97310-1327
Phone: (503) 986-2200
Fax: (503) 373-1166
sos.oregon.gov/business

FILED: JUL 30, 2024 04:27 PM
OREGON SECRETARY OF STATE



ASL

LIEN NO. 93907398-1

ASL -2

Certificate of Satisfaction of Discharge of Agricultural Services Lien

In keeping with ORS 192.410-192.595, the information on the application is public record.
We must release this information to all parties upon request and it may be posted on our website.

Pursuant to ORS 87.346(1)

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

A. THIS STATEMENT REFERS TO ORIGINAL STATEMENT.

ASL File No.: 93907398 Date Filed: 6/26/2024

B. DEBTOR: (Name of owner(s) of the chattels charged with this lien)

MARK ONE If Individual, list last name first.

1 NAME: J & S Agriculture, LLC

☒ -Business ☐ -Individual

2 NAME: Justin Craig Heffernan

☐ -Business ☒ -Individual

3 NAME: Bundle of Blooms Flower Farm

☒ -Business ☐ -Individual

MAILING ADDRESS: 61486 Melody Rd

La Grande

OR

97850

CITY

STATE

ZIPCODE

C. NAME OF CLAIMANT(S):

1 NAME: J&D Hill Farms

2 NAME: _____

3 NAME: _____

The undersigned certifies and declares with respect to the claim of agricultural service lien filed in the office of the Secretary of State that the debt secured thereby is fully paid and satisfied and is discharged.

The undersigned acknowledges this to be the undersigned's signature and voluntary act. If the undersigned is a corporation, it has caused its corporate name to be signed by its officer duly authorized by its board of directors.

DATE: 7/24/2024

CLAIMANT NAME: Dana Hill for J&D Hill Farms

CLAIMANT SIGNATURE: *Dana Hill*

RETURN ACKNOWLEDGMENT LETTER TO: (Include name, address, and identifier for the debtor listed above. You may include collateral identifier limited to eight characters.)

RETURN TO (Please Type or Print within the box):

FEES

No Fee is required to file this form



Secretary of State
Corporation Division - UCC 255 Capitol St. NE, Ste. 151
Salem, OR 97310-1327
Phone: (503) 986-2200
Fax: (503) 373-1166
sos.oregon.gov/business

ASL -2 Attachment

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

DEBTOR: (Name of owner(s) of the chattels charged with this lien)

MARK ONE if Individual, list last name first.

1 NAME: Sheldon Roy Heffernan

☐ -Business ☒ -Individual

MAILING ADDRESS: PO Box 289

North Powder
CITY

OR
STATE

97867
ZIPCODE

1 NAME: Laura Jean Heffernan

☐ -Business ☒ -Individual

MAILING ADDRESS: 741 S Serenity Ln

Union
CITY

OR
STATE

97883
ZIPCODE

1 NAME: Blue Mountain Biomass LLC

☒ -Business ☐ -Individual

MAILING ADDRESS: PO Box 28

North Powder
CITY

OR
STATE

97867
ZIPCODE