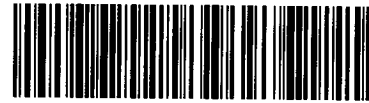




EFS-3

STATE OF OREGO
Corporation Division - U
255 Capitol St. NE, Suite
Salem, OR 97310-132
(503)986-2200 Fax (503)37
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OREGON SECRETARY OF STATE



EFS

LIEN NO. 8356914-4

NORTH SLOPE HAY COMP

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: 8356914

DATE FILED: 9/14/2009

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

1. NORTH SLOPE HAY COMPANY

2. THE HEFFERNAN FAMILY TRUST u/a/d JULY 10, 1996

3. CHRISTOPHER MARK HEFFERNAN

D. MAILING ADDRESS

1. 63600 VIEWPOINT LN, NORTH POWDER, OR 97867

2. 63600 VIEWPOINT LN, NORTH POWDER, OR 97867

3. 63600 VIEWPOINT LN, NORTH POWDER, OR 97867

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

1. COMMUNITY BANK, 1190 CAMPBELL ST, BAKER CITY, OR 97814

2. _____

3. _____

F. ASSIGNEE NAME AND ADDRESS (If any)

1. _____

2. _____

3. _____

G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0908	31	-	-
0906	31	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

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

289720151

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



EFS-3

STATE OF OREGON
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(503) 986-2200 Facsimile (503) 373-1166
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ADDENDUM

NOTE: THIS FORM MUST ALWAYS ACCOMPANY AN EFS-3
PLEASE TYPE OR PRINT LEGIBLY

THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 8356914

DATE FILED: 9/14/2009

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

NORTH SLOPE HAY COMPANY
THE HEFFERNAN FAMILY TRUST u/a/d JULY, 1996
CHRISTOPHER MARK HEFFERNAN
DONNA LYNN HEFFERNAN

MAILING ADDRESSES

63600 VIEWPOINT LN, NORTH POWDER, OR 97867
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63600 VIEWPOINT LN, NORTH POWDER, OR 97867