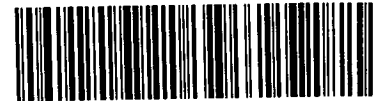




EFS-3

STATE OF OREGON
Corporation Division - UCI
255 Capitol St. NE, Suite 11
Salem, OR 97310-1327
(503)986-2200 Fax (503)373-
sos.oregon.gov/business

FILED: OCT 22, 2024 02:34 PM
OREGON SECRETARY OF STATE



EFS

LIEN NO. 92192728-2

CRAWFORD, PAUL

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: 92192728 **DATE FILED:** 02/21/2020

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. Paul Crawford

2. Alysha Crawford

3.

D. MAILING ADDRESS

1. PO Box 45, Malin, OR 97632

2. PO Box 45, Malin, OR 97632

3.

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

1. Pacific Crest Federal Credit Union, PO Box 1179 Klamath Falls, OR 97601

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)
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0106

18

0201

18

0203

18

1002

18

Mark One:

If Individual, list last name first.

☐ - Business ☒ - Individual

☐ - Business ☒ - Individual

☐ - Business ☐ - Individual

Security Agreement on File
Debtor

Brooke Kiewel for Pacific Crest Federal Credit Union
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:

Pacific Crest Federal Credit Union
PO Box 1179
Klamath Falls, OR 97601

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