



EFS-3

STATE OF OREGON
Corporation Division - L
255 Capitol St. NE, Suite
Salem, OR 97310-13
(503)986-2200 Fax (503)3
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FILED: NOV 12, 2024 01:49 PM
OREGON SECRETARY OF STATE



EFS

LIEN NO. 92230436-2

MCFETRIDGE, JAMES JA

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: 92230436 **DATE FILED:** 03/27/2020

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. MCFETRIDGE, JAMES JAY

2. MCFETRIDGE, JAY

3. JS ANGUS

D. MAILING ADDRESS

1. 65161 MCFETRIDGE RD, ENTERPRISE, OR 97828

2. 65161 MCFETRIDGE RD, ENTERPRISE, OR 97828

3. 65161 MCFETRIDGE RD, ENTERPRISE, OR 97828

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

1. UNITED STATES OF AMERICA ACTING THROUGH THE FARM SERVICE AGENCY

2. 1 SW NYE AVE., SUITE 100

3. PENDLETON, OR 97801

F. ASSIGNEE NAME AND ADDRESS (If any)

1.

2.

3.

G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
1001	- 032	- ALL	- ALL
0204	- 032	- ALL	- ALL
0201	- 032	- ALL	- ALL
-	-	-	-
-	-	-	-
-	-	-	-

Mark One:

If Individual, list last name first.

☐ - Business ☒ - Individual

☐ - Business ☒ - Individual

☒ - Business ☐ - Individual

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).

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

RETURN

TO:

USDA FARM SERVICE AGENCY
1 SW NYE AVENUE STE. 100
PENDLETON, OR 97801



EFS-3

STATE OF OREGON
Corporation Division – UCC
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 373-1166
FilingInOregon.com

ADDENDUM

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

THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 92230436

DATE FILED: 03/27/2020

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

4. SCHOFIELD, STEPHANIE SHERYL

D. MAILING ADDRESS

4. 65161 MCFETRIDGE RD, ENTERPRISE, OR 97828

G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR	AMOUNT
1001	032	ALL	ALL
0204	032	ALL	ALL
0201	032	ALL	ALL