



EFS-3

STATE OF OREGON
Corporation Division - 1
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OREGON SECRETARY OF STATE



EFS

LIEN NO. 90474174-2

LOEN NURSERY, INC

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: 90474174 DATE FILED: 06/08/2015

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

- 1. LOEN NURSERY, INC
2.
3.

Mark One:
If Individual, list last name first.
[X] - Business [] - Individual
[] - Business [] - Individual
[] - Business [] - Individual

D. MAILING ADDRESS

- 1. 19205 SW CIPOLE ROAD, SHERWOOD, OREGON 97140
2.
3.

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

- 1. BANK OF THE WEST AVE, STE 102, FRESNO, CALIFORNIA 93711
2.
3.

F. ASSIGNEE NAME AND ADDRESS (If any)

- 1.
2.
3.

Table with 4 columns: FARM PRODUCT CODE, COUNTY CODE, CROP YEAR (If applicable), AMOUNT (If applicable). Rows include codes 907, 24, 34, and ALL.

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

OR SOS

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