

EFS-3

## STATE OF OREGON

Corporation Division - UC 255 Capitol St. NE. Suite Salem, OR 97310-1327 (503)986-2200 Fax (503)373 sos.oregon.gov/busines



**EFS** 

HOLMES, JEREMIAH P

## Statement Of Termination, Continuation, Assignment, Amendment

	PLEASE TIPE OR PRINT LEGIBLY	r. READ INSTRUCTIONS BEFORE FILLING OUT FO	KM.
A. THIS STATEMENT REFERS	TO ORIGINAL FINANCING ST	ATEMENT NUMBER: 92217015	<b>DATE FILED:</b> 3/18/2020
This filing supersedes all prev	vious information associated with	ATEMENT NUMBER: 92217015  this filing number. Please complete this fo	orm with all the current information.
. TYPE OF AMENDMENT (CH	IECK ALL BOXES THAT APPLY)		
	number shown in SECTION		the financing statement bearing the file
	within six months prior to expir		
ASSIGNMENT. The Secured SECTION A.	Party assigns to the Assignee who	ose name and address is shown in SECTION	IF and bearing the file number shown in
NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST			Mark One: If Individual, list last name first.
1. HOLMES, JEREMIAH P			☐ - Business ☒ - Individual
2.			- Business - Individual
			🗔 - Business 🔲 - Individual
. MAILING ADDRESS			
<sub>1.</sub> 45536 HWY 207 S, S	SPRAY, OR 97874		
2			
<b>3.</b>			
. SECURED PARTY NAME(S)	AND ADDRESS(ES)		
	• •	0 OSBORN AVE, OSHKOSH	I. WI 54902
			.,
2			
3			
. ASSIGNEE NAME AND ADD	RESS (If any)		
3			
i. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
001	- 35	<del>-</del>	<del>-</del>
	-	-	-
	-	-	•
	-	, -	<b>-</b> ` .
		-	-
	-	- ^	-
Signed Agreement on File		And tola D	<del></del> ,
Debtor	<u> </u>	Secured Party	
he requirement that a decise	ont ha signed authorized as at	, 0	satisfied if the debter has executed

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).

OSHKOSH, WI 54902

TO: U.S. BANK NATIONAL ASSOCIATIONAL ASSOCIATIONAL ASSOCIATION Make check for \$15.00 payable to "Corporation Division" RETURN 1850 OSBORN AVE MI-WI-FCCL

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

DO NOT SUBMIT DUPLICATES OF THIS FILING OR ITS ATTACHMENTS