



EFS-3

STATE OF OREGON
Corporation Division - UC
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OREGON SECRETARY OF STATE



EFS

LIEN NO. 92472003-1

DICKSON, TODD MICHAEL

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: 92472003 DATE FILED: 07/14/2020

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.

[X] 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. DICKSON, TODD MICHAEL
2. DICKSON, KRISTINE KATHLEEN
3.

Mark One:

If Individual, list last name first.

[ ] - Business [X] - Individual

[ ] - Business [X] - Individual

[ ] - Business [ ] - Individual

D. MAILING ADDRESS

- 1. 89037 HIGHWAY 293, MADRAS, OR 97741
2. 89037 HIGHWAY 293, MADRAS, OR 97741
3.

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

- 1. UNITED STATES OF AMERICA ACTING THROUGH THE FARM SERVICE AGENCY
2. 625 SE SALMON AVE, SUITE 3, REDMOND, OR 97756
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 like 1001, 0204, 1004 and county codes 016, 033.

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:

CENTRAL OREGON FARM SERVICE AGENCY
625 SE SALMON AVE, SUITE 3
REDMOND, OR 97756

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