



EFS-3

STATE OF OREGO
Corporation Division - U
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sos.oregon.gov/busine...

FILED: APR 28, 2025 05:00 PM
OREGON SECRETARY OF STATE



EFS

LIEN NO. 92568499-1

JOHNSON, JUSTIN DAVI

(Reserved for Filing Officer Use)

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: 92568499 DATE FILED: 09/15/2020

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. JOHNSON, JUSTIN DAVID
2. JOHNSON, HEATHER DAWN
3.

Mark One:

If Individual, list last name first.

- Business - Individual
- Business - Individual
- Business - Individual

D. MAILING ADDRESS

- 1. 2775 COPELAND ROAD, HARPER, OR 97906
2. 2775 COPELAND ROAD, HARPER, OR 97906
3.

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

- 1. D. L. EVANS BANK, 919 BLAINE STREET, CALDWELL, ID 83605
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)

Table with 4 columns: FARM PRODUCT CODE, COUNTY CODE, CROP YEAR, AMOUNT. Rows include 1001, 0204, 0102, 0202.

Debtor

Jessica Vergensen (Secured Party signature)

D.L. Evans Bank
Twin Falls, Idaho

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: D. L. EVANS BANK
ATTN: JESSICA
PO BOX 87
TWIN FALLS, ID 83303-0087