



ASL

LIEN NO. 94242903

FAST FARMS LLC



Secretary of State
Corporation Division - UCC
255 Capitol St. NE, Ste. 151
Salem, OR 97310-1327
Phone: (503) 986-2200
Fax: (503) 373-1166
FilingInOregon.com

(Reserved for Filing Officer Use)

ASL -1 Notice of Claim of Agricultural Services Lien

In keeping with ORS 192.410-192.595, the information on the application is public record. Pursuant to ORS 87.242
We must release this information to all parties upon request and it may be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

DEBTOR: (Name of owner(s) of the chattels charged with this lien)

MARK ONE If Individual, list last name first.

1 NAME: Fast Farms LLC

-Business -Individual

2 NAME: Fast, Kirk Christopher

-Business -Individual

MAILING ADDRESS: PO Box 45

Rickreall OR 97371

CITY STATE ZIPCODE

CLAIMANT:

NAME: Simplot AB Retail, Inc.

MAILING ADDRESS: PO Box 8567

Spokane WA 99203 509-638-5174

CITY STATE ZIPCODE PHONE NUMBER

LIEN CLAIMANT'S DEMAND (after deducting all credits and offsets): \$ 36,555+Interest

THE UNDERSIGNED CLAIMS a lien upon certain chattels, including the following kinds of crops and/or described animals
All crops including, but not limited to GRASS SEED, TURNIPS, PEAS

grown in the year 2025 upon or currently located at the following described farmland, range, ranch, orchard land:
All Lands Farmed By Debtor

THE LIEN ALSO IS CLAIMED upon the proceeds of the sale of any or all of said crops and animals and to the unborn progeny of said animals, which are in utero on the date of the filing of this claim of lien. This lien is claimed for labor performed, materials supplied and/or services provided by claimant at the request of the owner of said chattels to aid the growing or harvesting of crops and for the raising of livestock upon the land described above.

The provided labor, materials and/or services consisted of Ag fertilizer, chemical, weed eradicator and pesticide, appl, labor, seed

The amount for which this lien is claimed is a true and bona fide existing debt as of the date of the filing of this notice of claim of lien.

The date on which payment was due claimant for said labor, supplies and services was 05/20/2025

The terms of extended payment (if any) are N/A

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Signature of Claimant or Representative:

Printed Name:

Eric Davidson

Eric Davidson, Simplot AB Retail, Inc.

RETURN TO (Please Type or Print within the box):

Eric Davidson
Simplot AB Retail, Inc.
PO Box 8567
Spokane, WA 99203

FEES

Required Processing Fee - \$15.00 Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.