

# EFS-3

### STATE OF OREG Corporation Division -255 Capitol St. NE, Sui Salem, OR 97310-1. (503)986-2200 Fax (503):

FILED: AUG 27, 2025 03:56 PM **OREGON SECRETARY OF STATE** 

**FFS** 

BLAKE JONATHAN MICH

## sos.oregon.gov/busii 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: 92637899 **DATE FILED: 12/01/2020** This filing supersedes all previous information associated with this filing number. Please complete this form with all the current information. 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 If Individual, list last name first. 1. Blake, Jonathan Michael 🔲 - Business 🔀 - Individual 2. Blake, Lacy Ann ☐ - Business 🖾 - Individual 🗌 - Business 🔲 - Individual D. MAILING ADDRESS 1. 3251 Russell Road Vale OR 97918 2, 3251 Russell Road Vale OR 97918 E. SECURED PARTY NAME(S) AND ADDRESS(ES) 1. Columbia State Bank, 25977 W Canyon Creek RD Suite J Wilsonville OR 97070 2. Columbia State Bank, 25977 W Canyon Creek RD Suite J Wilsonville OR 97070 F. ASSIGNEE NAME AND ADDRESS (If any) **COUNTY CODE CROP YEAR (If applicable)** AMOUNT (If applicable) **G. FARM PRODUCT CODE** - 23 0201 - 23 0202 - 23 0204 - 23 1001 Ellie Munizza 2025.08.26 14:45:27 -07'00"

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

Debtor

το: Data Research, Inc. 7185 SW Sandburg St. 110 Portland, OR 94223

#### **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

DO NOT SUBMIT DUPLICATES OF THIS FILING OR ITS ATTACHMENTS