



WILLAVAL DAIRY FARM,

OR Sec of State
04/02/2012

EFS-3



7577656-1_5764638

Lien#: 7577656-1

EFS (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: 7577656 DATE FILED: 04/05/2007

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. WILLAVAL DAIRY FARM, A PARTNERSHIP
2. FREITAG, CHRISTIAN
3. FREITAG, MELANIE

Mark One:
If Individual, list last name first.

<input checked="" type="checkbox"/> - Business	<input type="checkbox"/> - Individual
<input type="checkbox"/> - Business	<input checked="" type="checkbox"/> - Individual
<input type="checkbox"/> - Business	<input checked="" type="checkbox"/> - Individual

D. MAILING ADDRESS

1. 30120 CROOK DRIVE
2. HALSEY, OR 97389
3. _____

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

1. United States of America, Acting through the Farm Service Agency
2. 33630 McFARLAND ROAD
3. TANGENT, OR 97389

F. ASSIGNEE NAME AND ADDRESS (If Any)

1. _____
2. _____
3. _____

G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
1001 -	022 -	ALL	- ALL
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

Debtor

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 Ch. 80.115 (7)

Secured Party

RETURN TO (Please type within the box)

FARM SERVICE AGENCY
33630 McFARLAND ROAD
TANGENT, OR 97389

FEES

Make check for \$15.00 payable to "Corporation Division."
No fee for Termination

Note: Filing fees may be paid with Visa or MasterCard. 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