



EFS-3

EMMEL BROTHERS RANCH

OR Sec of State
06/30/2014



Lien#: 8363587-1

for Filing Officer Use)

EFS

Statement Of Te

PLEASE TYPE OR PRINT LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 8363587 DATE FILED: 09/23/09

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. Emmel Brothers Ranch
2. Romayne N. & Helen S. Emmel
3. Wayne W. Emmel

Mark One:

If Individual, list last name first.

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

D. MAILING ADDRESS

1. 28095 Summit Praire Rd, Prairie City, OR 97869
2. 28095 Summit Prairie Rd, Prairie City, OR 97869
3. 28095 Summit Prairie Rd, Prairie City, OR 97869

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

1. Old West Federal Credit Union
2. 650 West Main Street
3. John Day, OR 97845

F. ASSIGNEE NAME AND ADDRESS (If any)

- 1.
- 2.
- 3.

G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0906	- 12	-	-
0908	- 12	-	-
0909	- 12	-	-
-	-	-	-
-	-	-	-
-	-	-	-

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:

Old West
Federal Credit Union
650 W Main St
John Day OR 97845

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



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STATE OF OREGON
Corporation Division – UCC
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 373-1166
FilingInOregon.com

ADDENDUM

NOTE: THIS FORM MUST ALWAYS ACCOMPANY AN EFS-3
PLEASE TYPE OR PRINT LEGIBLY

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Additional Debtor's Names:

Mike R. Emmel
Romaine Raymond Emmel
Romaine R. Emmel
Mike Emmel

Helen Winona Emmel
Helen W. Emmel

Wayne Wallace Emmel II
Wayne Wallace Emmel
Wayne W. Emmel II
Wayne W. Emmel
Mickey Emmel