

FILED: FEB 02, 2016 02:16 PM
OREGON SECRETARY OF STATE



EFS-3



EFS

LIEN NO. 8747246-1

NOFZIGER, TIMOTHY E

http://www.FilingInOregon.com

(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: 8747246 DATE FILED: 03/22/11

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. Nofziger, Timothy E.

2. Nofziger, Debbie S.

3. TDN Farms

Mark One:

If Individual, list last name first.

- Business - Individual

- Business - Individual

- Business - Individual

D. MAILING ADDRESS

1. 275 Wassom St. Lebanon OR 97355

2. 275 Wassom St. Lebanon OR 97355

3. 275 Wassom St. Lebanon OR 97355

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

1. Citizens Bank PO Box 30 Corvallis OR 97339

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)

0106 - 22 - -

0203 - 22 - -

0302 - 22 - -

0305 - 22 - -

0306 - 22 - -

0308 - 22 - -

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).

FEEES

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: Citizens Bank
PO Box 30
Corvallis OR 97339



EFS-3

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

THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 8747246

DATE FILED: 3/22/11

Farm product code	County Code
0106	22
0203	22
0302	22
0305	22
0306	22
0308	22
0310	22
0314	22
0315	22
0407	22