

EFS-3

FILED: JAN 09, 2018 04:10 PM OREGON SECRETARY OF STATE



LIEN NO. 894175

**EFS** 

MORRIS RANCH LLC

Salem, OR 97310-1327 (503)986-2200 Fax (503)373-1166 http://www.FilinginOregon.com

Statement Of Termination, Continuation, Assignment, Amendment

	PLEASE TYPE OR PRINT LEGIBLY. F	<u>IEAD INSTRUCTIONS BEFORE FILLING OUT FOR</u>	<u>.                                    </u>
A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 89417569			DATE FILED: 01/17/2013
This filing supersedes all previous	s information associated with the	nls fillng number. Please complete this fo	rm with all the current information.
D. TYPE OF AMENDMENT (CHECK	( ALL BOXES THAT APPLY)	hat they no longer claim interest under t	
CONTINUATION. Submitted with			
ASSIGNMENT. The Secured Part SECTION A.	y assigns to the Assignee whose	e name and address is shown in SECTION	
C. NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST			Mark One: If Individual, list last name first.
1. Morris Ranch LLC			⊠ - Business □ - Individual
2. Morris, Kelly Dean			Business X-Individual
3. See Attached Adden dum			- Business - Individual
D. MAILING ADDRESS	<del></del>		
1. 55736 School House:Lane	Ritter, OR 97856		
2, 55895 School House Lane	Ritter, OR 97856		
	•		
3. E. SECURED PARTY NAME(S) ANI	ADDRESS/ES)	<del></del>	
1, Old West Federal Credit U		t John Day, OR 97845-1035	
	HIGH 656 VV. WIGHT SAICE	(301111 Bdy) GR 37 8 13 13 23 B	
2			
3		· · · · · · · · · · · · · · · · · · ·	
F. ASSIGNEE NAME AND ADDRES	SS (If any)		
1,			
2,			
3.			
G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
1001	- 12	<u>-</u>	
0201	- 12	<u> </u>	-
0204	- 12	<u>-</u>	<u>-</u>
	-	•	-
	-	_	-
	<del>-</del>	<del>-</del>	-
	<del></del>		

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).

REYUAN TO:

Debtor

**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 NF, 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
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DATE FILED: 1/17/2013

## ADDITIONAL DEBTORS:

Morris, Merry Robin x- Individual Morris, Vivian Marie x- Individual

## **MAILING ADDRES:**

55895 School House Lane Ritter, OR 97856 55736 School House Lane Ritter, OR 97856