



EFS-3

FILED: JUN 20, 2018 05:00 PM  
OREGON SECRETARY OF STATE



EFS

LIEN NO. 430925-5

ROBINSON FARMS LLC

(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: 430925 DATE FILED: 7-16-98

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. Robinson Farms LLC
- 2. Robinson Nursery Inc.
- 3. Robinson, Richard L.

Mark One:

If Individual, list last name first.

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

D. MAILING ADDRESS

- 1. 9365 Trestle View Lane, McMinnville, OR 97128
- 2. P.O. Box 100 Amity, OR 97101
- 3. P.O. Box 100 Amity, OR 97101

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

- 1. Northwest Farm Credit Services, FLCA PO Box 13309 Salem, OR 97309
- 2. 650 Hawthorne Ave. SE Suite 210 Salem, OR 97301
- 3.

F. ASSIGNEE NAME AND ADDRESS (if any)

- 1.
- 2.
- 3.

G. FARM PRODUCT CODE COUNTY CODE CROP YEAR (if applicable) AMOUNT (if applicable)

0907

36

Debtor

*Lee Ann Hill*  
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).

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

RETURN TO: NWFCS-LeeAnn  
650 Hawthorne Ave SE Suite 210  
Salem, OR 97301