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FILED: JAN 31, 2019 03:33 PM
OREGON SECRETARY OF STATE



LIEN NO. 90026569-1

MOUNTAIN SPRING FARM



(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: 90026569 **DATE FILED:** 04/15/14

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. Mountain Spring Farms, LLC

2. _____

3. _____

D. MAILING ADDRESS

1. 3555 Oak Grove Road, Rickreall, OR 97371-9709

2. _____

3. _____

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

1. Bank of America, 70 Batterson Park Road, Farmington, CT 06032

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)

0314

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27

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0909

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27

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0504

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27

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Debtor

Sandra R. Heller
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:



Lien Solutions

P.O. Box 29071
Glendale, CA 91209-9071
UCCFilingReturn@wolterskluwer.com

OR SOS
68335800

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