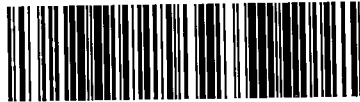




EFS-3

FILED: JUN 12, 2019 05:00 PM
OREGON SECRETARY OF STATE

EFS

LIEN NO. 6731603-4

OREGON PRIDE NURSERI

(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: 6731603 DATE FILED: 10/25/2004

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. Oregon Pride Nurseries, Inc.

2. _____

3. _____

D. MAILING ADDRESS

1. 6380 SE Booth Bend Rd, McMinnville, OR 97128

2. _____

3. _____

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

1. Columbia State Bank, PO Box 8000, Wilsonville, OR 97070

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)

0904 - 36 - -

0907 - 36 - -

0909 - 36 - -

Mark One:

If Individual, list last name first.

☒ - Business ☐ - Individual☐ - Business ☐ - Individual☐ - Business ☐ - Individual

Debtor

Secured Party

#6002054

horized or otherwise authenticated by the debtor is satisfied if the debtor has executed a the farm products to the secured party ORS Chapter 80.115 (7).

Corporation Service Company
1127 Broadway St NE
Suite 310
Salem, OR 97301

165389341

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