



EFS-3

STATE OF OREGON
Corporation Division - UCC
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OREGON SECRETARY OF STATE



EFS

LIEN NO. 89816686-3

BOUNDS HAY COMPANY L

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: 89816686 DATE FILED: 08/21/2013

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. Bounds Hay Company LLC

2.

3.

D. MAILING ADDRESS

1. 28075 Ferguson Rd, Junction City, OR 97448

2.

3.

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

1. Columbia State Bank, 25977 SW Canyon Creek Rd, Suite J, Wilsonville, OR 97070

2.

3.

F. ASSIGNEE NAME AND ADDRESS (If any)

1.

2.

3.

Mark One:

If Individual, list last name first.

☒ - Business ☐ - Individual

☐ - Business ☐ - Individual

☐ - Business ☐ - Individual

G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0201	09, 16, 20	-	-
0203	09, 16, 20	-	-
0204	09, 16, 20	-	-
0306	09, 16, 20	-	-
0308	09, 16, 20	-	-
See Attached Exhibit	-	-	-

Debtor

Secured Party

Ch. Min. # 6003143

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

CSC
1127 Broadway St NE
Suite 310
Salem, OR 97301

201271341

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

Columbia State Bank 25977 SW Canyon Creek Road, Suite J Wilsonville, OR 97070