

**EFS-3**

STATE OF OREGON  
Corporation Division - UC  
255 Capitol Street NE, Suite  
Salem, OR 97310-1327  
(503) 986-2200 Facsimile (503) 1  
FilingInOregon.com

FILED: DEC 29, 2020 02:37 PM  
OREGON SECRETARY OF STATE



EFS

LIEN NO. 321194-8

FALK, RICHARD

(Reserved for Filing Officer Use)

### Statement Of Termination, Continuation, Assignment, Amendment

PLEASE TYPE OR PRINT LEGIBLY. READ INSTRUCTIONS BEFORE FILING OUT FORM.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 321194

DATE FILED: 2/23/96

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. Falk, Richard
2. Falk, Tamara
3. Falk, Richard Alan

## Mark One:

If Individual, list last name first.

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

## D. MAILING ADDRESS

1. 29979 Heather Oak Dr., Junction City OR 97448
2. 29979 Heather Oak Dr., Junction City OR 97448
3. 29979 Heather Oak Dr., Junction City OR 97448

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

1. Citizens Bank 955 Ivy Street Ste 1 Junction City OR 97448
- 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)
0308	- 20	-	-
0306	- 20	-	-
0310	- 20	-	-
0403	- 20	-	-
0106	- 20	-	-
0203	- 20	-	-

## Debtor

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 Ch. 80.115 (7)

RETURN TO (Please type within the box)

Citizens Bank  
PO Box 30  
Corvallis OR 97339

## Secured Party

## FEES

Make check for \$15.00 payable to "Corporation Division."  
No fee for Termination

Note: Filing fees may be paid with Visa or MasterCard. 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

**EFS-3**

STATE OF OREGON  
Corporation Division – UCC  
255 Capitol Street NE, 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  
PLEASE TYPE OR PRINT LEGIBLY

THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 321194

DATE FILED: 2/23/96

**Additional Names of Persons Subjecting Farm Products to the Security Interest**

Falk, Tamara Lynette                      X Individual

Farm Product Code	County Code
0308	20
0306	20
0310	20
0403	20
0106	20
0203	20
0101	20