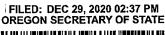


EFS-3

STATE OF OREGON

Corporation Division — UC 255 Capitol Street NE, Suite Salem, OR 97310-1327 (503) 986-2200 Facsimile (503) \$ FilinginOregon.com





LIEN NO. 321194-8

DO NOT SUBMIT DUPLICATES OF THIS FILING OR ITS ATTACHMENTS

FALK, RICHARD

Statement Of Termination, Continuation, Assignment, Amendment

EFS

PLEASE TYPE OR PRINT LEGIBLY, READ INSTRUCTIONS BEFORE FILLING OUT FORM.						
A. THIS STATEMENT REFER	S TO ORIG	INAL FINANCING ST	ATEMENT	NUMBER: 321194	DATE FILED: 2/23/96	
This filing supersedes all	previous inf	ormation associated wi	th this filin	g number. Please complete this	form with all the current informat	ion.
B. TYPE OF AMENDMENT (CLAPSE/TERMINATION of the number shown in SE	N (NO FEE).	OXES THAT APPLY) The Secured Party certif	lies that the	y no longer claim interest under the	e financing statement bearing the file	Ð
CONTINUATION Sub	mitted with	e ot roing edinom xie nl	xpiration d	ate.		
ASSIGNMENT. The S SECTION A.	ecured Party	assigns to the Assignes	whose nam	ne and address is shown in SECTIO	ON F and bearing the file number st	iown in
C. NAME(S) OF PERSON INTEREST	(S) SUBJE	CTING FARM PRODI	JCTS TO	THE SECURITY	Mark One: If Individual, list last name file	rst.
1. Falk, Richard					🔲 - Business 🔽 - Indiv	vidual
2. Falk, Tamara					- Business . Indiv	
3. Falk, Richard Alan					🔲 - Business 🗸 - Indiv	vidual
D. MAILING ADDRESS						
,	ok De	lunation City OP	07449			
 29979 Heather O 29979 Heather O 				1, 41. 4	<u> </u>	
3. 29979 Heather O					···	
E. SECURED PARTY NAM			31440		***	
1. Cltizens Bank 95	5 Ivy Str	eet Ste 1 Junctio	n City C	OR 97448	<u> </u>	
2				,		
3						
F. ASSIGNEE NAME AND	ADDRESS	3 (If Any)				
1.				`		
<u></u>						
3.				·		
G. FARM PRODUCT COD	E	COUNTY CODE	C	ROP YEAR (If applicable)	AMOUNT (If applicable)	
0308	-	20	-	-		
0306	-	20	-			
0310	-	20		-		_
0403		20	-	*		
0106	-	20		-		
0203	-	20	-	1-15-	- $ -$	
-				Cetesen	falk)	
Debtor			_	Secured Party		,
he requirement that a document be terest in the farm products to the se			ed by the del	ptor is satisfied if the deblor has execute	d a security agreement egainst a securit	y
		e type within the box)]	FEES	
				Make check for \$1:	5.00 payable to "Corporation Division." ofee for Termination	
Citizens Bank				Note: Filing fees may be paid	with Visa or MasterCard. The card numb	
PO Box 30				expiration date should be sub protection.	mitted on a separate sheet of paper for y	uui

Corvallis OR 97339



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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