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STATE OF OREGON  
Corporation Division - U  
255 Capitol Street NE, Suite  
Salem, OR 97310-1321  
(503) 986-2200 Facsimile (503)  
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OREGON SECRETARY OF STATE



EFS

LIEN NO. 92721076

SHARP, ROBERT NATHAN

**Farm Products Financing Statement Standard Form**

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

This FARM PRODUCT EFFECTIVE FINANCING STATEMENT is presented to the filing officer pursuant to ORS Chapter 80.100 to 80.130. This statement remains effective for a period of five years from the date of filing, subject to extensions for additional periods as provided for by ORS Chapter 80.115 (3).

**A. NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST**

1. SHARP, ROBERT NATHAN
2. SHARP, JULIA OLSON
3. \_\_\_\_\_

**Mark One:**

If individual, list last name first.

- Business  - Individual
- Business  - Individual
- Business  - Individual

**MAILING ADDRESS**

1. 35468 HWY 20 E, BURNS, OR 97720
2. 35468 HWY 20 E, BURNS, OR 97720
3. \_\_\_\_\_

**B. SECURED PARTY NAME(S) AND ADDRESS(ES)**

1. Bank of Eastern Oregon PO Box 39 Heppner, OR 97836
2. \_\_\_\_\_
3. \_\_\_\_\_

C. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0201	- 13	-	-
0203	- 13	-	-
0204	- 13	-	-
-	-	-	-
-	-	-	-
-	-	-	-

**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)

Bank of Eastern Oregon  
PO Box 39  
Heppner, OR 97836

**FEES**

Make check for \$15.00 payable to "Corporation Division."

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.