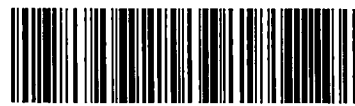




EFS-3

STATE OF OREGON
 Corporation Division - U
 255 Capitol St. NE, Suite
 Salem, OR 97310-132
 (503)986-2200 Fax (503)377-
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FILED: FEB 26, 2021 03:39 PM
 OREGON SECRETARY OF STATE



EFS

LIEN NO. 89097552-4

SMITH, CHAD ALLEN

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: 89097552 DATE FILED: 01/13/2012

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. SMITH, CHAD ALLAN
2. SMITH, AMY NICOLE
3. DRY CANYON FARMS, LLC

Mark One:
 If Individual, list last name first.

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

D. MAILING ADDRESS

1. 2401 SW BELMONT LANE, APT B, MADRAS, OR 97741
2. 2401 SW BELMONT LANE, APT B, MADRAS, OR 97741
3. 2401 SW BELMONT LANE, APT B, MADRAS, OR 97741

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

1. NORTHWEST FARM CREDIT SERVICES, PCA 650 Hawthorne Ave SE, Ste 210, Salem, OR 97301
- 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)
0106	- 16	-	-
0201	- 16	-	-
0202	- 16	-	-
0203	- 16	-	-
0204	- 16	-	-
0303	- 16	-	-

Debtor _____ **Secured Party** _____
 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 Chapter 80.115 (7).

RETURN TO: Northwest FCS Attn: UZ
 650 Hawthorne Ave SE, Ste 210
 Salem, OR 97301

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



EFS-3

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ADDENDUM

**NOTE: THIS FORM MUST ALWAYS ACCOMPANY AN EFS-3
PLEASE TYPE OR PRINT LEGIBLY**

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 89097552 DATE FILED: 01/13/2012

C. NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST (CONTINUED)

4. _____
5. _____
6. _____

Mark One:

If Individual, list last name first.

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

D. MAILING ADDRESS (CONTINUED)

4. _____
5. _____
6. _____

G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0308	16	-	-
0311	16	-	-
0314	16	-	-
0407	16	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-