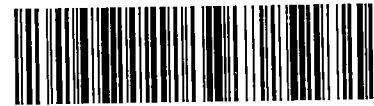




EFS-3

STATE OF OREGON
Corporation Division - U
255 Capitol St. NE, Suite
Salem, OR 97310-132
(503)986-2200 Fax (503)37
http://www.FilingInOregon

FILED: MAY 03, 2021 01:25 PM
OREGON SECRETARY OF STATE



EFS

LIEN NO. 7829833-8

SELECT SEED, LLC

(Reserved for Filing Officer Use)

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: 7829833 DATE FILED: 12/21/2007

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

- Select Seed, LLC
Jones, Ryan Lee
Jones, Stacie Jo

Mark One:

If Individual, list last name first.

[X] - Business [] - Individual

[] - Business [X] - Individual

[] - Business [X] - Individual

D. MAILING ADDRESS

1. 14870 SW Bellevue Hwy, McMinnville, OR 97128

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

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

F. ASSIGNEE NAME AND ADDRESS (if any)

G. FARM PRODUCT CODE COUNTY CODE CROP YEAR (If applicable) AMOUNT (If applicable)

0101 36

0103 36

0106 36

0204 36

0305 36

See Attached Exhibit

Debtor

Secured Party

[Signature] #6003396

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).

REF TO

CSC
1127 Broadway St NE
Suite 310
Salem, OR 97301

210427360

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

