



EFS-3

STATE OF OREGON  
Corporation Division - U  
255 Capitol St. NE, Suite  
Salem, OR 97310-13  
(503)986-2200 Fax (503)375-1100  
http://www.FilingInOregon.com



EFS

LIEN NO. 90904513-1

LAKE LABISH FARM, IN

(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: 90904513 DATE FILED: 7/25/2016

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. Lake Labish Farm, Inc.
- 2. Bennett, Gregory H
- 3. Bennett, Judy A

Mark One:  
If Individual, list last name first.

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

D. MAILING ADDRESS

- 1. 8630 67th Ave NE, Brooks, OR 97305
- 2. 8630 67th Ave NE, Brooks, OR 97305
- 3. 8630 67th Ave NE, Brooks, OR 97305

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                 | - 24        | -                         | -                      |
| 0310                 | - 24        | -                         | -                      |
| 0818                 | - 24        | -                         | -                      |
| -                    | -           | -                         | -                      |
| -                    | -           | -                         | -                      |
| -                    | -           | -                         | -                      |

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 Farm Credit Services, PCA Attn: Sam  
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