



EFS-3

STATE OF OREGON  
Corporation Division - UCC  
255 Capitol St. NE, Suite 151  
Salem, OR 97310-1327  
(503)986-2200 Fax (503)373-116  
<http://www.FilingInOregon.com>

FILED: JUL 20, 2021 12:07 PM  
OREGON SECRETARY OF STATE



EFS

LIEN NO. 568167-9

KAMIS NURSERY CO.

(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: 568167 DATE FILED: 10/19/2001

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. Kamis Nursery Co.

2. Sava Kamis

3. Claudia V Kamis

D. MAILING ADDRESS

1. 7978 Portland Rd NE, Salem, OR 97305

2. 7978 Portland Rd NE, Salem, OR 97305

3. 7978 Portland Rd NE, Salem, OR 97305

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

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

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)

0904 - - 24 - -

0907 - - 24 - -

0909 - - 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).

CSC  
1127 Broadway St NE  
Suite 310  
Salem, OR 97301  
214616833

**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