



EFS-3

STATE OF OREGON
Corporation Divis
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Salem, OR 973
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http://www.FilingIn

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OREGON SECRETARY OF STATE



EFS

LIEN NO. 7167716-13

GARDENScape NURSERY,

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: 7167716

DATE FILED: 02/02/2006

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. GardenScape Nursery, Inc.

2. Kuschnick, Meggan Rae

3. Kuschnick, Paul George

Mark One:

If Individual, list last name first.

☒ - Business ☐ - Individual

☐ - Business ☒ - Individual

☐ - Business ☒ - Individual

D. MAILING ADDRESS

1. 7811 Stratford Drive NE, Salem, OR 97305-9758

2. 7811 Stratford Drive NE, Salem, OR 97305-9758

3. 7811 Stratford Drive NE, Salem, OR 97305-9758

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

1. Columbia State Bank 25977 SW Canyon Creek Road, 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)

0106

24

0306

24

0314

24

0803

24

0805

24

SEE ATTACHED EXHIBIT

Debtor

Secured Party

6002473

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).

RETI
TO:

213750387

CSC
1127 Broadway St NE
Suite 310
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

