

**EFS-3**

STATE OF OREGON  
Corporation Division - U  
255 Capitol St. NE, Suite  
Salem, OR 97310-132  
(503)986-2200 Fax (503)37  
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FILED: JAN 30, 2023 03:23 PM  
OREGON SECRETARY OF STATE



EFS

LIEN NO. 314295-11

HIATT, CRAIG A

**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: 314295 DATE FILED: 04/15/1988**

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. HIATT, CRAIG A.

2. HIATT, KAREN A.

3.

**D. MAILING ADDRESS**

1. 4084 GREENFIELD RD., VALE, OR 97918

2. 4084 GREENFIELD RD., VALE, OR 97918

3.

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

1. UNITED STATES OF AMERICA ACTING THROUGH THE FARM SERVICE AGENCY

2. 2925 SW 6TH AVE., SUITE 3, ONTARIO, OR 97914

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 - 23 - ALL - ALL

0201 - 23 - ALL - ALL

0101 - 23 - ALL - ALL

0204 - 23 - ALL - ALL

0803 - 23 - ALL - ALL

0406 - 23 - ALL - ALL

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:**FARM SERVICE AGENCY**

2925 SW 6TH AVE., SUITE 3

ONTARIO, OR 97914

**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

STATE OF OREGON  
Corporation Division – UCC  
255 Capitol Street NE, Suite 151  
Salem, OR 97310-1327  
(503) 986-2200 Facsimile (503) 373-1166  
FilingInOregon.com

## ADDENDUM

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

THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT NUMBER: 314295

DATE FILED: 04/15/1988

G. FARM PRODUCT CODE		COUNTY CODE		CROP YEAR		AMOUNT
0102	-	23	-	ALL	-	ALL
0202	-	23	-	ALL	-	ALL
1001	-	23	-	ALL	-	ALL