3/14/2023 10:15 AM FROM: Fax HP Inc. TO: 15033731166 PAGE: 002 OF 003



EFS-3

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

FILED: MAR 22, 2023 04:46 PM OREGON SECRETARY OF STATE



LIEN NO. 8940

**EFS** 

EGGE, CHAD ERIC

State	•	Continuation, Assignment, Am  READ INSTRUCTIONS BEFORE FILLING OUT FO	
. THIS STATEMENT REFERS TO	DATE FILED: 01/03/2013		
This filing supersedes all previou	is Information associated with	this filing number. Please complete this fo	orm with all the current information.
	E). The Secured Party certifies number shown in SECTION		the financing statement bearing the file
CONTINUATION. Submitted w	ithin six months prior to expir	ation date.	
ASSIGNMENT. The Secured Par SECTION A.	ty assigns to the Assignee who	se name and address is shown in SECTION	I F and bearing the file number shown in
NAME(S) OF PERSON(S) SUBJ	Mark One: If Individual, list last name first.		
EGGE, CHAD ERIC	☐ - Business ☒ - Individual		
EGGE, JENNIFER LYN	- Business - Individual		
EGGE SEED & NURSERY, L	🔀 - Business 🔲 - Individual		
MAILING ADDRESS			
30991 CROSSROADS LN, E	UGENE, OR 97408		
30991 CROSSROADS LN, E	UGENE, OR 97408		
30991 CROSSROADS LN, E	UGENE, OR 97408		
SECURED PARTY NAME(S) AN			
AGWEST FARM CREDIT, P	CA 3	80 FARM CREDIT DRIVE SE, SAL	EM, OR 97301
.,			
ASSIGNEE NAME AND ADDRE	SS (If arry)		
FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0103	02, 20, 22	-	
0106	- 02, 20, 22	•	•
0202	- 02, 20, 22	-	-
0305	- 02, 20, 22	-	•
0306	02, 20, 22	-	<b>*</b>
Ø308	- 02, 20, 22	-	-
	,,		

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).

Secured Party

AGWEST FARM CREDIT

EDIT Attn: UZ

380 FARM CREDIT DRIVE SE

Salem, OR 97301

FEES
Wake check for \$15.00 payable to "Corporation Division"

Note: Filing fees may be paid with VISA, MastarCard, 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 SUBDAIT DUPLICATES OF THIS FILING OR ITS ATTACHMENTS

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## STATE OF OREGON Comparation Division — UCC 255 Paparol Street NE. Suite 151 Sidem, CR 37340-1327 (503) 986-2200 Paramilla (503) 373-1168 Filinghy Oragon Com

## ADDENDUM

NOTE: THIS FORM MUST ALWAYS ACCOMPANY AN EFE-S
PLEASE TYPE DR PRINT LEGISLY

THIS STATEMENT REFERS	тоог	RIGINAL FINANCING STATE	MENT NUMBER: 894	404731 DA	TE FILED: 01-03-20
NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST (CONTINUED)				Mark One: If Individual, lis  - Business - Business - Business	🗆 - Individua
					- 1 - 1
		ED)			
FARM PRODUCT CODE		COUNTY CODE	CROP YEAR (Iffapplica	Ab.	MOUNT (If a pplicable
0310			• • •	•	MOON I (ILSbbscapis
0314					
0401		~~ ~~ ~~			
0403		00 00 00			
0407		~ ~ ~			
• 0601	-			_	
<u>0601</u> 0803	-	02, 20, 22 -			
		02, 20, 22 - 02, 20, 22 -			
0803		02, 20, 22 - 02, 20, 22 - 02, 20, 22 -		-	
0803 0811		02, 20, 22 - 02, 20, 22 - 02, 20, 22 -		-	