



Secretary of State
Corporation Division - UCC
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OREGON SECRETARY OF STATE



ASL

LIEN NO. 93639839

PHIL FINE FARMS

(Reserved for Filing Office Use)

ASL -1 Notice of Claim of Agricultural Services Lien

In keeping with ORS 192.410-192.595, the information on the application is public record. Pursuant to ORS 87.242
We must release this information to all parties upon request and it may be posted on our website.

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

DEBTOR: (Name of owner(s) of the chattels charged with this lien)

MARK ONE If Individual, list last name first.

1 NAME: Phil Fine Farms

-Business -Individual

2 NAME: _____

-Business -Individual

MAILING ADDRESS: 6921 NW Columbia Dr.

Madras

OR

97741

CITY

STATE

ZIPCODE

CLAIMANT:

NAME: High Desert Organix, LLC

MAILING ADDRESS: 1747 NW Mill St.

Madras

OR

97741

5414754491

CITY

STATE

ZIPCODE

PHONE NUMBER

LIEN CLAIMANT'S DEMAND (after deducting all credits and offsets): \$ 12,492.90

THE UNDERSIGNED CLAIMS a lien upon certain chattels, including the following kinds of crops and/or described animals
Grain

grown in the year 2023 upon or currently located at the following described farmland, range, ranch, orchard land:

Fields in North Unit Irrigation District

THE LIEN ALSO IS CLAIMED upon the proceeds of the sale of any or all of said crops and animals and to the unborn progeny of said animals, which are in utero on the date of the filing of this claim of lien. This lien is claimed for labor performed, materials supplied and/or services provided by claimant at the request of the owner of said chattels to aid the growing or harvesting of crops and for the raising of livestock upon the land described above.

The provided labor, materials and/or services consisted of Fertilizer Application

The amount for which this lien is claimed is a true and bona fide existing debt as of the date of the filing of this notice of claim of lien.

The date on which payment was due claimant for said labor, supplies and services was 06-30-2023

The terms of extended payment (if any) are N/A

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Signature of Claimant or Representative:

Printed Name:

James Collins

RETURN TO (Please Type or Print within the box):

High Desert Organix
1747 NW Mill St.
Madras, OR 97741

FEES

Required Processing Fee - \$15.00 Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.