

EFS-3

STATE OF OREG Corporation Division -255 Capitol St. NE, Sui Salem, OR 97310-1: (503)986-2200 Fax (503)3

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FILED: AUG 17, 2023 11:07 AM OREGON SECRETARY OF STATE



EFS

N NO. 89826539-5 MCKINNON, MARK K

Stat	tement Of Termination, Con		
A THIS STATEMENT REFERS T	PLEASE TYPE OR PRINT LEGIBLY. READ O ORIGINAL FINANCING STATEN	DINSTRUCTIONS BEFORE FILLING OUT FOR	DATE FILED: 9/3/2013
	ious information associated with this f		
B. TYPE OF AMENDMENT (CHI		ining number. Flease complete this lo	with with an the current information.
		they no longer claim interest under t	he financing statement bearing the file
	within six months prior to expiration	date.	
ASSIGNMENT. The Secured P SECTION A.	arty assigns to the Assignee whose na	ame and address is shown in SECTION	F and bearing the file number shown in
C. NAME(S) OF PERSON(S) SU	BJECTING FARM PRODUCTS TO TH	HE SECURITY INTEREST	Mark One: If Individual, list last name first.
1. McKinnon, Mark K			🗌 - Business 🔀 - Individual
2. McKinnon, Casey Jo			Business 🔀 - Individual
3.			🗌 - Business 🔲 - Individual
D. MAILING ADDRESS			
1. 5777 Wilkinson Ln, Prine	eville, OR 97754	·	
2. 5777 Wilkinson Ln, Princ	eville, OR 97754		
3.			
E. SECURED PARTY NAME(S)	AND ADDRESS(ES)		
1. Columbia State Bank, 62	24 SW 4th, Madras, OR 9774	1	
2.			
3.			
F. ASSIGNEE NAME AND ADD	RESS (If any)		
1	•		
2.			
3.			
G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0101	- 07	-	-
0105	- 07	-	-
0201	- 07	-	-
0204	- 07	-	<u>-</u>
0304	- 07	-	-
See Attachment		-	-
	•		

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

RETURN

Debtor

TO:

DATA RESEARCH, INC. 7185 SW Sandburg #110 Portland, OR 97223 **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 Attached Exhibit Form

Original Financing Statement #: 89826539

Date Filed: 09/03/2013 Debtor(s): McKinnon, Mark K

McKinnon, Casey Jo

Debtor(s) Mailing Address: 5777 Wilkinson Ln, Prineville, OR 97754

5777 NW Wilkinson Ln, Prineville, OR 97754

Secured Party Name and Address: Columbia State Bank 624 SW 4th St, Madras, OR 97741

Farm Product Code	County Code	Crop Year (if applicable)	Amount (if applicable)
0101	07		
0105	07		
0201	07		
0204	07		
0304	07		
0306	07		
0308	07		
0311	07		
1001	07		
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