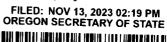


EFS-3

STATE OF OREGO

Corporation Division - I 255 Capitol St. NE, Suit Salem, OR 97310-15 (503)986-2200 Fax (503)3 sos.oregon.gov/busir





LIEN NO. 9

FEHRENBACHER, TED JO

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: 91791661 | | | DATE FILED: 2/1/2019 |
|---|---------------------------------------|---|--|
| This filing supersedes all prev | vious information associated with thi | s filing number. Please complete this f | orm with all the current information. |
| B. TYPE OF AMENDMENT (CH LAPSE/TERMINATION (NO | | at they no longer claim interest under | the financing statement bearing the file |
| X CONTINUATION. Submitted | within six months prior to expiration | on date. | |
| ASSIGNMENT. The Secured SECTION A. | Party assigns to the Assignee whose | name and address is shown in SECTION | N F and bearing the file number shown in |
| C. NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST | | | Mark One: If Individual, list last name first. |
| 1. FEHRENBACHER TED JOSEPH | | | ☐ - Business ☒ - Individual |
| 2. FEHRENBACHER NANCY LEE | | | 🔲 - Business 🕱 - Individual |
| 3. | | | 🔲 - Business 🔲 - Individual |
| D. MAILING ADDRESS | | | |
| 1. 7025 NW LONE PINE | LANE, TERREBONNE, | OR 97760 | |
| 2. 7025 NW LONE PINE | LANE, TERREBONNE, | OR 97760 | |
| 3 | | | |
| E. SECURED PARTY NAME(S). 1. U.S. BANK NATIONA | • • | CITY CENTER, OSHKOSH | I, WI 54901 |
| 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) |
| 0201 | -07 | - | - |
| 0204 | - 07 | • | - |
| | - | - | - |
| | - | - | - |
| | - | - | - |
| | - | - | |
| Signed Agreement on Fil | e | US BANK NATION | L ASSOCIATION |
| Debtor | | Secured Party | |
| | | wise authenticated by the debtor is | s satisfied if the debtor has executed a r 80.115 (7). |

RETURN

TO: U.S. BANK NATIONAL ASSOCIATION PO Box 3487 OSHKOSH, WI 54903-3487 **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