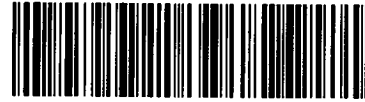




EFS-3

STATE OF OR
Corporation Division
255 Capitol St. NE,
Salem, OR 97331
(503)986-2200 Fax (503)986-2200
sos.oregon.gov/t

FILED: DEC 08, 2023 02:32 PM
OREGON SECRETARY OF STATE



EFS

LIEN NO. 91824154-2

ROBBINS FARMING

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: 91824154 DATE FILED: 03/07/2019

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. Robbins Farming
- 2. Robbins, Jared Ray
- 3. Robbins, Jerry Ray

Mark One:

If Individual, list last name first.

- Business - Individual

- Business - Individual

- Business - Individual

D. MAILING ADDRESS

- 1. 78430 Agnew Rd, Hermiston, OR 97838
- 2. 78430 Agnew Rd, Hermiston, OR 97838
- 3. 78430 Agnew Rd, Hermiston, OR 97838

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

- 1. Umpqua Bank, 25977 SW Canyon Creek Rd Ste J, Wilsonville, OR 97070
- 2.
- 3.

F. ASSIGNEE NAME AND ADDRESS (If any)

- 1.
- 2.
- 3.

G. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0102	- 30	-	-
0105	- 30	-	-
0106	- 30	-	-
0201	- 30	-	-
0204	- 30	-	-
0811	- 30	-	-

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:

DATA RESEARCH, INC.
7185 SW Sandburg St, #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

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: 91824154

DATE FILED: 03/07/2019

Farm Product Code:

0102

0105

0106

0201

0204

0811

1001

County Code:

30

30

30

30

30

30

30