



EFS

CENTRAL OREGON LIVES

OR Sec of State
01/30/2012



Lien#: 313712-5

313712-5_5754942

(503) 986-2200 FilingInOregon.com

EFS

(Reserved for Filing Officer Use)

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: 313712

DATE FILED: 3/25/1987

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. CENTRAL OREGON LIVESTOCK AUCTION, LLC

2. TANLER, CLAY

3.

Mark One:

If Individual, list last name first.

- ☒ - Business ☐ - Individual
- ☐ - Business ☒ - Individual
- ☐ - Business ☐ - Individual

D. MAILING ADDRESS

1. P.O. BOX 29, MADRAS, OREGON 97741

2. P.O. BOX 29, MADRAS, OREGON 97741

3.

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

1. COLUMBIA STATE BANK, P.O. BOX 1757, TACOMA, WASHINGTON 98401-1757

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)

1001

-

16

-

-

1002

-

16

-

-

1003

-

16

-

-

1004

-

16

-

-

1008

-

16

-

-

1010

-

16

-

-

COLUMBIA STATE BANK fka COLUMBIA RIVER BANK

Debtor

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 Ch. 80.115 (7)

Secured Party SHANNON WILLIAMSON, A.V.P.

RETURN TO (Please type within the box)

64177046 - 308510

Corporation Service Company

P.O. Box 2969

Springfield, IL 62708

FEES

Make check for \$15.00 payable to "Corporation Division."

No fee for Termination

Note: Filing fees may be paid with Visa or MasterCard. 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