

STATE OF OREGON

REORDER FROM
Registered, Inc.
514 PULASKI ST.
P.O. BOX 218
ANCHORAGE, AK 99501
(907) 421-1713

76958

03-02-94P02:19 RCVD

Vol m89 Page 6591

This space reserved for County Filing Officer Use

STATE OF OREGON
STATEMENTS OF CONTINUATION, RELEASE, ASSIGNMENTS, TERMINATIONS AND AMENDMENT
Real Property - Form UCC-3A
THIS FORM FOR COUNTY FILING OFFICER USE ONLY

This STATEMENT is presented to the county filing officer pursuant to the Uniform Commercial Code.

1A. Debtor Name(s): Monfort Finance Company, Inc.	2A. Secured Party Name(s): Continental Bank N.A.	4A. Assignee of Secured Party (if any):
1B. Debtor Mailing Address(es): 1918 AA Street Greeley, Colorado 80631	2B. Address of Secured Party from which security information is obtainable: 231 South LaSalle Street Chicago, Illinois 60697	4B. Address of Assignee:

This statement refers to original Financing Statement number: Vol m89 Pg 4986 Date filed: 2-24-89, 19

- ☐ TERMINATION
- ☐ ASSIGNMENT
- ☒ CONTINUATION
- ☐ RELEASE
- ☐ AMENDMENT

The Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

The Secured Party assigns to the Assignee whose name and address is shown, Secured Party's rights under the financing statement bearing the file number shown above in the following property. (Describe below)

The original financing statement bearing the file number shown above is still effective.

Effective only if submitted within six months prior to expiration date.
From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following: (describe below). Choose one: _____ Release of all collateral _____ Partial release - RELEASE DOES NOT TERMINATE DEBT.

Financing statement bearing the file number shown above is amended as described below:

Klamath Co. - OR

Debtor hereby authorizes the Secured Party to record a carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

By: SEE ATTACHED FOR SIGNATURE

Required signature(s)

INSTRUCTIONS

- PLEASE TYPE THIS FORM.
- If the space provided for any item(s) on this form is inadequate, the item(s) should be continued on additional sheets. Only one copy of such additional sheets need to be presented to the county filing officer. DO NOT STAPLE OR TAPE ANYTHING TO THIS FORM.
- This form (UCC-3A) should be recorded with the county filing officers who record real estate mortgages. This form cannot be filed with the Secretary of State. Send the Original to the county filing officer.
- After the recording process is completed the county filing officer will return the document to the party indicated. The printed termination statement below may be used to terminate this document.
- The RECORDING FEE must accompany the document. The fee is \$5 per page.
- Be sure that the financing statement has been properly signed. Do not sign the termination statement (below) until this document is to be terminated.

Return to: (name and address)

RETURN TO:

LEXIS® DOCUMENT SERVICES
P.O. Box 2969
Springfield, Illinois 62708

Please do not type outside of bracketed area.

Recording Party contact name: _____

Recording Party telephone number: _____

STATE OF OREGON
UNIFORM COMMERCIAL CODE STANDARD FORM UCC-3
Statement of continuation, assignment, release, termination, amendment, etc.

6592

PLEASE TYPE
BE SURE TO COMPLETE AND SIGN THOSE PORTIONS THAT APPLY.
READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM. CUSTOMER NUMBER

A. Check (x) one: ☒ DEBTOR NAME, ☐ CONSIGNEE, ☐ LESSEE
(From original filing or as previously amended)

Social Sec. number or TIN

1. Monfort Finance Company Inc.

2.

3.

(Last Name)

DEBTOR MAILING ADDRESS:

1918 AA Street

Greeley, Colorado 80631

(First Name)

(Middle)

Total Debtor Names:

B. Check (x) one: ☒ SECURED PARTY, ☐ CONSIGNOR, ☐ LESSOR
NAME AND ADDRESS (from original filing or as previously amended)
Continental Bank N. A. individually and as
Collateral Agent for secured parties on Schedule A
attached 231 South LaSalle Street
Telephone Number: Chicago, Illinois 60697

C. ASSIGNEE NAME AND ADDRESS (if any)

Reserved for Filing Officer Use

This statement refers to original Financing Statement No. Vol m89 Pg 4986

Telephone Number:

☐ TERMINATION

The Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.
No Fee is required for filing a termination statement.

☐ ASSIGNMENT

The Secured Party assigns to the Assignee whose name and address is shown, Secured Party's rights under the financing statement bearing the file number shown above in the described collateral.

☒ CONTINUATION

The original financing statement bearing the file number shown above is still effective.
Effective only if submitted within six months prior to expiration date.

☐ RELEASE

From the collateral described in the financing statement bearing the file number shown above, the Secured Party releases the following (describe below). Choose one: ☐ Release of all Collateral ☐ Partial Release ☒ RELEASE DOES NOT TERMINATE DEBT

☐ AMENDMENT

Financing statement bearing file number shown above is amended as described below: Signature of Debtor required in most cases.

This area can be used in listing collateral to be Released, Amendment description, and other information:

Debtor hereby authorizes the Secured Party to file a carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

By:

By:

Required Signature(s)

FARM PRODUCTS STATEMENTS OF CONTINUATION, AMENDMENT, ASSIGNMENT, LAPSE - FORM EFS-3
This FARM PRODUCT STATEMENT is presented to the filing officer pursuant to ORS Chapter 79.

☐ LAPSE/TERMINATION

This area for use in listing Farm Product changes, deletions, additions, amendments:

☐ ASSIGNMENT

☐ CONTINUATION

☐ AMENDMENT

By:

By:

Signature of Debtor(s)

Continental Bank N. A.

Signature of Secured Party

Juanita Rutues-Work Coordinator

Source of Payment:

Cash ☐

Check ☐

Visa/Master-Card ☐

(See reverse of Original Copy)

Submit completed form to:
Secretary of State UCC Section
Capital Bldg., Room 41
Salem, OR 97310

(503) 378-4145
FAX: (503) 373-1166

RETURN ACKNOWLEDGEMENT COPY TO: (name and address)

RETURN TO:

LEXIS® DOCUMENT SERVICES
P.O. Box 2969
Springfield, Illinois 62708

Please do not type outside of bracketed area

ORIGINAL COPY

REORDER FROM
MODERN LAW FORMS
E-14 GROVE VILLAGE, IL
(708) 640-1688

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lexis Document Services
of March A.D., 19 94 at 2:19 o'clock P M., and duly recorded in Vol. 2nd day
of Mortgages on Page 6591

FEE \$10.00

Evelyn Biehn
By [Signature] County Clerk