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UCC-3

STATE OF OREGON
Corporation Division - UCC
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
(503) 986-2200 Facsimile (503) 373-1166
<http://www.sos.state.or.us/corporation/corphp.htm>

Vol M01 Page 11652

STATEMENT OF TERMINATION, CONTINUATION, ASSIGNMENT, RELEASE, AMENDMENT

PLEASE TYPE OR PRINT LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

This Financing Statement is presented to filing officer pursuant to the Uniform Commercial Code. This financing statement remains effective for a period of five years from the date of filing, unless extended for additional periods as provided for by ORS Chapter 79. A carbon, photographic, or other reproduction of this form, financing statement, or security agreement may be filed as a financing statement under ORS Chapter 79.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT

No.: N38224 Date Filed: 6/22/89

B. TYPE OF AMENDMENT (CHECK ALL BOXES THAT APPLY).

- ☐ **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 E and bearing the file number shown in SECTION A.
Choose one: ☐ Full Assignment ☐ Partial Assignment
- ☒ **RELEASE. RELEASE DOES NOT TERMINATE DEBT.** From the collateral described in the financing statement bearing the file number shown in SECTION A, the Secured Party releases the following: (describe in SECTION G)
Choose one: ☐ Release of all Collateral ☒ Partial Release
- ☐ **AMENDMENT.** Financing statement bearing file number shown in SECTION A is amended as described in SECTION G. Signature of Debtor required in most cases.

C. DEBTOR NAME(S)

1. LOWN, Daniel E.
2. LOWN, Linda L.
3. _____

DEBTOR MAILING ADDRESS: PO Box 63
Keno, OR 97627

D. SECURED PARTY(IES) NAME AND ADDRESS

UNITED STATES OF AMERICA acting through Farm Service Agency
2316 South Sixth Street, Suite C
Klamath Falls, OR 97601
Contact Name: Rowena A. Chase Phone No.: 883-6924

E. ASSIGNEE NAME AND ADDRESS (If any)

Contact Name: _____ Phone No.: _____

F. SIGNATURES. In accordance with ORS Chapter 79, ALL SECURED PARTIES must sign UCC-3 Filings.

FARM SERVICE AGENCY

By: Dorothy M. Scull

By: DOROTHY M. SCULL, FLO

Secured Party(ies) Signature

By: _____

By: _____

Debtor Signature(s) if required

RETURN ACKNOWLEDGMENT LETTER TO: (Include name, address, and identifier for the debtor listed above. You may include collateral identifier limited to eight characters. REFER TO INSTRUCTION, NUMBER 7.) Please do not type or print outside of bracketed area.

Secretary of State
Corporation Division - UCC
255 Capitol Street, NE, Suite 151
Salem, OR 97310-1327

FEES

Make check for \$10.00 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 IT'S ATTACHMENTS.