



Secretary of State
 Corporation Division - UCC
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 Salem, OR 97310-1327
 Phone: (503) 986-2200
 Fax: (503) 373-1166
sos.oregon.gov/business

(Reserved for Filing Officer Use)

ASL -2 Certificate of Satisfaction of Discharge of Agricultural Services Lien

In keeping with ORS 192.410-192.595, the information on the application is public record.
 We must release this information to all parties upon request and it may be posted on our website.

Pursuant to ORS 87.346(1)

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

A. THIS STATEMENT REFERS TO ORIGINAL STATEMENT.

ASL File No.: _____ Date Filed: _____

B. DEBTOR: (Name of owner(s) of the chattels charged with this lien)

MARK ONE If Individual, list last name first.

1 NAME: _____

-Business -Individual

2 NAME: _____

-Business -Individual

3 NAME: _____

-Business -Individual

MAILING ADDRESS: _____

CITY

STATE

ZIPCODE

C. NAME OF CLAIMANT(S):

1 NAME: _____

2 NAME: _____

3 NAME: _____

The undersigned certifies and declares with respect to the claim of agricultural service lien filed in the office of the Secretary of State that the debt secured thereby is fully paid and satisfied and is discharged.

The undersigned acknowledges this to be the undersigned's signature and voluntary act. If the undersigned is a corporation, it has caused its corporate name to be signed by its officer duly authorized by its board of directors.

DATE: _____

CLAIMANT NAME: _____

CLAIMANT SIGNATURE: _____

RETURN ACKNOWLEDGMENT LETTER TO: (Include name, address, and identifier for the debtor listed above. You may include collateral identifier limited to eight characters.)

RETURN TO (Please Type or Print within the box):

FEES

No Fee is required to file this form