



APL-2

STATE OF OREGON
Corporation Division – UCC
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
503-986-2200 Fax: 503-373-1166
sos.oregon.gov/business

(Reserved for Filing Officer Use)

CERTIFICATE OF SATISFACTION OF AGRICULTURAL PRODUCE LIEN

PURSUANT TO ORS 87.735
PLEASE TYPE OR PRINT LEGIBLY.

A. THIS STATEMENT REFERS TO ORIGINAL STATEMENT

Agricultural Produce Lien File No.: _____ Date Filed: _____

B. PURCHASER NAME (IF INDIVIDUAL, LIST LAST NAME FIRST).

Name _____

Address _____

City _____ State _____ Zip _____

C. NAME OF CLAIMANT

Name _____

The undersigned certifies and declares with respect to the notice of claim of agricultural produce 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 officers duly authorized by its board of directors.

Date: _____

Claimant Name: _____

Claimant Signature: _____

RETURN TO (Please type within the box):

No Fee is required to file this form.
Submit completed form to:
Corporation Division – UCC
255 Capitol Street NE, Suite 151
Salem, Oregon 97310-1327