



Secretary of State  
 Corporation Division - UCC  
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# APL -1 Notice of Agricultural Produce Lien

In keeping with ORS 192.410-192.595, the information on the application is public record. Pursuant to ORS 87.710  
 We must release this information to all parties upon request and it may be posted on our website.

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

## DEBTOR

**CHECK ONE** If Individual, list last name first.

**PURCHASER:** NAME 1 \_\_\_\_\_ -Business -Individual

NAME 2 \_\_\_\_\_ -Business -Individual

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

## PRODUCER:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

**STATEMENT AMOUNT OF PRODUCER'S DEMAND** (after Deducting All Credits and Offsets) : \$ \_\_\_\_\_

**DESCRIPTION OF PRODUCE DELIVERED OR TRANSFERRED BY:**

DATE PAYMENT ORIGINALLY DUE: \_\_\_\_\_

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Signature of Claimant or Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

**FEES**  
 Required Processing Fee \$15.00 Processing Fees are nonrefundable.  
 Please make check payable to "Corporation Division."  
**NOTE:**  
 Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.