



GL-2

STATE OF OREGON
Corporation Division – UCC
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327
503-986-2200 Fax: 503-373-1166
FilingInOregon.com

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CERTIFICATE OF SATISFACTION OF DISCHARGE OF GRAIN PRODUCERS LIEN

PURSUANT TO ORS 87.777
PLEASE TYPE OR PRINT LEGIBLY.

A. THIS STATEMENT REFERS TO ORIGINAL STATEMENT

Grain Lien File No.: _____ Date Filed: _____

B. DEBTOR 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 grain producers 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