

Secretary of State Corporation Division - UCC 255 Capitol St. NE, Ste. 151 Salem, OR 97310-1327 Phone: (503) 986-2200 Fax: (503) 373-1166 sos.oregon.gov/business

(Reserved for Filing Officer Use)

## **APL -1** Notice of Agricultural Produce Lien

	RS 192.410-192.595, the information on the applicaths information to all parties upon request and it ma			Pursuant to ORS 87.710
	int Legibly in <b>Black</b> Ink. Attach Additional Sheet if N			
BTOR			CHECK ONE	If Individual, list last name first.
Purchaser: NAME 1			☐-Business	☐-Individual
	NAME 2		Business	
	ADDRESS			
PRODUCER:	CITY	STATE		ZIPCODE
	NAME			
	ADDRESS			
	CITY	STATE		ZIPCODE
prehv declare	that the above statement is true to the best of m	v knowledge and belief a	nd that Lunder	stand it is made for use as evidence in
	ect to penalty for perjury.	y kilomougo ana sone., a.	ild triat i arras.	Stand It is made for also do original
Signature o	f Claimant or Representative:	Printed Name:		
F	RETURN TO (Please Type or Print within the box):	FEES		
		Required Proce	essing Fee \$15.00	O Processing Fees are nonrefundable.
		Please make cl	heck payable to "Co	rporation Division."
			aid with VISA or Mas separate sheet for y	sterCard. The card number and expiration date should