



**Secretary of State**  
 Corporation Division - UCC  
 255 Capitol St. NE, Ste. 151  
 Salem, OR 97310-1327  
 Phone: (503) 986-2200  
 Fax: (503) 373-1166  
 FilingInOregon.com

# ASL -3 Certificate of Cessation of Agricultural Services Lien

In keeping with ORS 192.410-192.595, the information on the application is public record. Pursuant to ORS 87.346(4)  
 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.

**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):**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY STATE ZIPCODE PHONE NUMBER

STATE OF OREGON, COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ the undersigned certifies and declares with respect to the claim notice of agricultural service lien dated \_\_\_\_\_ and filed in the office of the Secretary of State that the debt secured thereby has expired and is discharged because no suit to foreclose or proceeding under ORS 87.272 to 87.306 has been filed during the 18 month period following notice to said lien being filed with the Secretary of State.

I further certify that I have personally contacted the clerks and circuit courts of the district of lien claim and have determined that no suit to foreclose or proceeding under ORS 87.272 to 87.306 has been filed prior to the expiration of the time period set forth in ORS 87.266(2).

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 officers duly authorized by its board of directors.

CHATEL OWNER NAME (if Different) \_\_\_\_\_

CHATEL OWNERS SIGNATURE \_\_\_\_\_

SUBSCRIBED AND SWORN/AFFIRMED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ .

Notary Public of Oregon

**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**

Required Processing Fee - \$10 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.