

SAMPLE

STATE OF IDAHO - RELEASE, EXTENSION, AMENDMENT OR ASSIGNMENT OF CLAIM OF LIEN IN CROPS-FORM SL-3

Mail to: Secretary of State, UCC Division, 450 N 4th, PO Box 83720, Boise ID 83720-0080 Telephone: 208-334-3191 Fax: 208-334-2847

See instructions on reverse of form.

This notice is (check one):
[] Extension of seed lien or farm labor lien
[] Release of seed lien or farm labor lien
[] Amendment
[x] Assignment
Enter your customer account number if you wish the fee to be deducted from your prepaid account with the Secretary of State.
Customer Account Number

This block for Filing Office use only.

The Secretary of State file number of the SL-1 to which this SL-3 relates is: S11111 (required) The date of filing of the SL-1 was: 04-01-2001 (required)

The last name or business name of the first producer on the SL-1 is: John Doe Family Farm, LLC (required)

Claimant #1 (from SL-1) Mailing Address for acknowledgment, if not Claimant #1
Organization or Indiv. Last Name A1 Seed Supply, Inc. (required) Organization or Indiv. Last Name
First Name Middle Name First Name Middle Name
Address 11111 Home Office Dr. (required) Address
City Anywhere (required) State ID Zip Code 83000 City State Zip Code

Names of each Claimant other than Claimant #1

2 5
3 6
4

If this is an extension, enter the crop(s) to which the extension applies:

Table with 4 columns: Crop Code, Crop Name, County Code(s) or Name(s), Crop Year

Amendments Name and Address of Assignee of Claimant's Interest
Organization or Indiv. Last Name A2 Seed Sellers, Inc. (required)
First Name Middle Name
Address 11111 Corner Office Drive (required)
City Anywhere (required) State ID Zip Code 83000

Signature Claimant #1
Capacity
Signature Claimant #2
Capacity
Signature Claimant #3
Capacity

Signature Claimant #4
Capacity
Signature Claimant #5
Capacity
Signature Claimant #6
Capacity

REQUIRED