

## State of Wyoming Effective Financing Statement (EFS)

<b>Debtor Name</b>  1. _____ 2. _____ 3. _____	Social Security# or Employer ID#  _____ _____ _____	<b>Secured Party and Address</b>   <hr/> <b>Assignee of Secured Party and Address</b>
<b>Mailing Address</b>   _____ _____ _____		

CHECK (X) IF ALSO COVERED        PROCEEDS OF COLLATERAL        PRODUCTS OF COLLATERAL

Pay proceeds to debtor and secured party unless otherwise checked        Secured Party Only        Debtor Only        ATTACHMENTS

Use the following for Farm Products requiring EFFECTIVE FINANCING STATEMENT (EFS)  
filing in accordance with the Food Security Act of 1985.

FARM PRODUCT	CODE	YEAR	QUANTITY	COUNTY CODE	LOCATION IN COUNTY OR FURTHER DESCRIPTION

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 MUST BE ORIGINALLY SIGNED Signature of Secured Party

\_\_\_\_\_  
 MUST BE ORIGINALLY SIGNED Signature of Debtor(s)

**FOR TERMINATION ONLY:** To use Acknowledgment as a Termination Statement, Secured Party must date and sign below:

Termination Statement dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Signature of Secured Party

State of Wyoming Effective Financing Statement  
 Secretary of State, The Capitol, Cheyenne, WY 82002  
 (307) 777-7311

**Filing fee:**    \$20.00 (Includes fee for termination statement)  
                      \$35.00 if more than two pages

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