



**STATE OF MINNESOTA
EFFECTIVE FINANCING STATEMENT (EFS)/
STATUTORY LIEN NOTICE
CNS-1 FORM**

For Filing Officer	This statement is presented for filing pursuant to Minnesota Statutes Chapter 336A. (Type in Black Ink)					
	1. Individual Debtor Last Name		First Name		Middle I.	
	Social Security #			Mailing Address		
	City		State		Zip Code	
	2. Individual Debtor Last Name		First Name		Middle I.	
	Social Security #			Mailing Address		
	City		State		Zip Code	
3. Business Debtor Name						
Fed. ID #		Mailing Address				
City			State		Zip Code	
4. Secured Party/Lienholder Name			5. <u>"THE INFORMATION CONTAINED IN AN EFFECTIVE FINANCING STATEMENT WILL BE SENT TO FARM PRODUCT BUYERS REGISTERED IN MINNESOTA. SALE OF FARM PRODUCTS TO THOSE BUYERS MAY RESULT IN A CHECK BEING ISSUED JOINTLY TO BOTH THE SELLER AND THE SECURED PARTY."</u>			
Mailing Address						
City	State	Zip				
6. Farm Product Description (<i>See General Instructions for information on when you should check the Statutory Lien box below.</i>)						
This form is EFS <u>unless</u> the Statutory Lien box is marked. <input type="checkbox"/> Statutory Lien Conditions for waiver or release: _____						
Product Code	Quantity	Crop Year	County Code	Property Description (optional and not required) Section(s) Township Range		
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required on behalf of the previous holder of this name, who has authorized me to sign this document on his/her behalf. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Name of Contact: _____
Phone Number: _____

Email Address: _____

Signatures are on file with the secured party.

RETURN ACKNOWLEDGMENT COPY TO: (Name and Address)

Debtor's Signature

Debtor's Signature

Lienholder/Secured Party Signature

Standard Form Approved by Secretary of State

**EFFECTIVE FINANCING STATEMENT/STATUTORY LIEN STATEMENT
CNS-1 FORM INSTRUCTIONS**

**THIS STATEMENT MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK ONLY
ILLEGIBLE STATEMENTS WILL BE RETURNED WITHOUT BEING FILED.**

GENERAL INSTRUCTIONS

- Review the form to make sure the information is legible. ILLEGIBLE INFORMATION WILL RESULT IN A REJECTED FILING.
- Verify the information on the form for accuracy and correct spelling.
- If the space provided for any item on this form is inadequate, use up to four additional pages.
- **This form is an EFS unless the Statutory Lien box is marked. A statutory lien is filed by the lienholder (i.e. veterinarian, crop sprayer, landlord) to protect their security interests for services or materials rendered. Pursuant to 336A.01, subd.11, a farm products statutory lien is one arising under one of the following sections of Minnesota Statute: 336.9-102(a)(5), 514.963, subdivision.3, 514.965, subdivision 2; or 514.945.** A statutory lienholder has the right to put conditions on the release or waiver of the lien which support this filing. Use the space provided to describe any such conditions. For example, the lienholder may require that a joint check be issued to all involved parties.

SPECIFIC INSTRUCTIONS

DEBTOR NAME: Boxes 1-3

Provide the true and complete name of the debtor. Initials, abbreviations are not acceptable. List individual debtor names and business debtor names in the appropriate boxes. Failure to do so will result in a rejected filing. The debtor name will be indexed exactly as it appears in the debtor box. **A social security number or tax identification number is required for each debtor name listed on an effective financing statement. A statutory lien does NOT require an SSN/FEIN number.** Provision of social security number or Federal ID number on the CNS form may require this notice according to federal and state law: The disclosure of the social security number or Federal ID number on this form is required under state law, Minnesota Statutes Section 336A.03, subd.2 (a)(4). The information will be used to distinguish between individuals with the same or similar names who have records about financial transaction filed with the secretary of state. Failure to provide the required information will prevent the filing of the Central Notification System documents and may ultimately prevent the debtor from receiving a loan or the accrual of other benefits pursuant to the document. NOTE: Effective 10/31/2010, pursuant to Minnesota Statutes 336A.14, a Social Security number (SSN) maintained by the secretary of state under this section is private data on individuals or nonpublic data as defined in section 13.02, and therefore the SSN will be redacted on the file stamped copy returned to you. As a result of the law change effective 10/31/2010, pursuant to 336A.08, there will be a Unique ID assigned to each debtor in place of the SSN/FEIN. This unique ID information will be provided to you along with your stamped copy. Please keep this information for your records for future verification. Persons or entities authorized to receive the social security number information include those persons in the office of the Secretary of State whose work assignments reasonably require access and those who are authorized by the individual with the affected social security number.

DEBTOR ADDRESS: Boxes 1-3

Provide a complete name and mailing address for each debtor name listed.

SECURED PARTY: Box 4

Provide a complete name and mailing address for the secured party or lienholder.

Box 5 The language in box 5 does not apply to statutory liens.

FARM PRODUCT DESCRIPTION: Box 6

Describe each farm product listing:

1. **Product Code:** **The table of product codes is on page 3.**
2. **Quantity:** The amount/quantity of the farm product, if applicable. The amount/quantity may be the number of acres, the number of bushels or any other accepted method of counting the specific farm product. **A dollar amount cannot be used as this description.**
3. **Crop Year:** The crop year is not required if all crop years of the farm product are covered by the effective financing statement. If fewer than all crop years are covered, the last two digits of each covered crop year must be entered.
4. **County Code:** The name of the county where the farm products are produced or located must be designated by using the two-digit county code provided by the secretary of state. **The table of county codes is on page 3.**
5. **Property Description:** Provide township, range and section information, if applicable.

SIGNATURES:

The secured party may check the signature box to verify that the debtor and/or the signature of the secured party are on file with the secured party.

Each debtor named and the secured party are required to sign the effective financing statement form.

Only the lienholder is required to sign a statutory lien statement.

RETURN ACKNOWLEDGEMENT NAME AND ADDRESS:

Provide a complete name and mailing address where acknowledgment of filing may be sent.

CNS Farm Product Codes**County Codes****100 all crops**

101 wheat/durum
 102 barley
 103 oats
 104 rye
 105 alfalfa
 106 hay
 107 flax
 108 sorghum
 109 silage
 110 sunflowers
 111 field corn
 112 canola
 131 soybeans
 151 green beans
 152 sweet corn
 153 green peas
 154 potatoes
 155 dry edible beans
 156 snap beans
 157 onion
 158 carrots
 159 cucumbers
 160 green lima beans
 171 sugar beets
 172 wool
 201 milk

202 eggs
 203 cheese
 204 apples
 205 honey/bees wax
 206 wild rice

500 all livestock

501 cattle/calves
 502 hogs/pigs
 503 sheep/lambs
 504 horses
 505 mink
 506 broilers
 507 turkeys
 508 fish
 509 goats
 510 chickens
 511 bison

01 Aitkin
 02 Anoka
 03 Becker
 04 Beltrami
 05 Benton
 06 Big Stone
 07 Blue Earth
 08 Brown
 09 Carlton
 10 Carver
 11 Cass
 12 Chippewa
 13 Chisago
 14 Clay
 15 Clearwater
 16 Cook
 17 Cottonwood
 18 Crow Wing
 19 Dakota
 20 Dodge
 21 Douglas
 22 Faribault
 23 Fillmore
 24 Freeborn
 25 Goodhue
 26 Grant

27 Hennepin
 28 Houston
 29 Hubbard
 30 Isanti
 31 Itasca
 32 Jackson
 33 Kanabec
 34 Kandiyohi
 35 Kittson
 36 Koochiching
 37 Lac Qui Parle
 38 Lake
 39 Lake of the Woods
 40 Le Sueur
 41 Lincoln
 42 Lyon
 43 McLeod
 44 Mahnomon
 45 Marshall
 46 Martin
 47 Meeker
 48 Mille Lacs
 49 Morrison
 50 Mower
 51 Murray
 52 Nicollet

53 Nobles
 54 Norman
 55 Olmsted
 56 Otter Tail
 57 Pennington
 58 Pine
 59 Pipestone
 60 Polk
 61 Pope
 62 Ramsey
 63 Red Lake
 64 Redwood
 65 Renville
 66 Rice
 67 Rock
 68 Roseau
 69 St Louis
 70 Scott
 71 Sherburne
 72 Sibley
 73 Stearns
 74 Steele
 75 Stevens
 76 Swift
 77 Todd
 78 Traverse

79 Wabasha
 80 Wadena
 81 Waseca
 82 Washington
 83 Watonwan
 84 Wilkin
 85 Winona
 86 Wright
 87 Yellow Medicine

Filing Fee Payable to the MN Secretary of State:

Effective Financing Statement - \$25

Statutory Lien Notice - \$20

Retain the original signed document for your records and submit a copy for filing with the Secretary of State.

MAIL TO: Minnesota Secretary of State - UCC
 First National Bank Building
 332 Minnesota Street, Suite N201
 Saint Paul, MN 55101

All of the information on this form is public, except for Social Security Numbers, which are private data. Minnesota law requires certain information, including the Social Security and Federal ID Number information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. The Social Security and Federal ID # information is required in order to organize the debtor names. Social Security #'s are not shared with any other agency and is private data that is not disclosed to the public, for master lists compiled and distributed after October 31, 2010. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803. Deaf, deafblind, hard of hearing, or speech disabled may dial 7-1-1, Minnesota Relay for call assistance. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

Rev. 3/23/2022