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009-1948401

UCC-3

STATE OF OREGON
 Corporation Division - UCC
 255 Capitol Street NE, Suite 151
 Salem, OR 97310-1327
 (503) 986-2200 Facsimile (503) 373-1166

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STATEMENT OF TERMINATION, CONTINUATION, ASSIGNMENT, RELEASE, AMENDMENT

PLEASE TYPE OR PRINT LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

This Financing Statement is presented to filing officer pursuant to the Uniform Commercial Code. This financing statement remains effective for a period of five years from the date of filing, unless extended for additional periods as provided for by ORS Chapter 79. A carbon, photographic, or other reproduction of this form, financing statement, or security agreement may be filed as a financing statement under ORS Chapter 79.

A. THIS STATEMENT REFERS TO ORIGINAL FINANCING STATEMENT

No.: VOL M94 PG 19066 Date Filed: JUNE 17, 1994

B. TYPE OF AMENDMENT

- ☒ **TERMINATION (NO FEE).** The Secured Party certifies that they no longer claim interest under the financing statement bearing the file number shown in SECTION A.
- ☐ **CONTINUATION.** Submitted within six months prior to expiration date.
- ☐ **ASSIGNMENT.** The Secured Party assigns to the Assignee whose name and address is shown in SECTION E and bearing the file number shown in SECTION A.
 Choose one: ☐ Full Assignment ☐ Partial Assignment
- ☐ **RELEASE. RELEASE DOES NOT TERMINATE DEBT.** From the collateral described in the financing statement bearing the file number shown in SECTION A, the Secured Party releases the following: (describe in SECTION G)
 Choose one: ☐ Release of all Collateral ☐ Partial Release
- ☐ **AMENDMENT.** Financing statement bearing file number shown in SECTION A is amended as described in SECTION G. Signature of Debtor required in most cases.

G. AMENDMENT INFORMATION

Use this area to list collateral to be Released, Amendment description, and other information.

C. DEBTOR NAME(S)

1. DAN R. KURTZ
2. SYDNEY KURTZ
3. _____

DEBTOR MAILING ADDRESS:

12661 E. LANGELL VALLEY ROAD, BONANZA, OR 97623

D. SECURED PARTY(IES) NAME AND ADDRESS
DIVERSIFIED FINANCIAL SERVICES, INC.
11213 DAVENPORT, SUITE 303
OMAHA, NE 68154

Contact Name: TRACIE ARCHER Phone No.: 1-800-648-8026

E. ASSIGNEE NAME AND ADDRESS (If any)

Contact Name: _____ Phone No.: _____

F. SIGNATURES. In accordance with ORS Chapter 79, ALL SECURED PARTIES must sign UCC-3 Filings

By: _____ By: DIVERSIFIED FINANCIAL SERVICES, INC.
 By: _____ By: [Signature]
 Secured Party(ies) Signature Debtor Signature(s) if required

RETURN ACKNOWLEDGMENT LETTER TO: (Include name, address, and identifier for the debtor listed above. Limit the identifier to eight characters. REFER TO INSTRUCTION, NUMBER 7.) Please do not type or print outside of bracketed area.

DIVERSIFIED FINANCIAL SERVICES, INC.
 14010 FIRST NATIONAL BANK PKWY #205
 OMAHA, NE 68154

State of Oregon, County of Klamath
 Recorded 8/03/99, at 11:58 a.m.
 In Vol. M99 Page 31025
 Linda Smith,
 County Clerk Fee \$ 5 RR

FEES

Make check for \$10.00 payable to "Corporation Division."
 No fee for Termination.

NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet of paper for your protection.

DO NOT SUBMIT DUPLICATES OF THIS FORM AND/OR ATTACHMENTS.

FILING OFFICER

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