| CC FINANCING STATEMENT AMEN  | NDMENT   | State of Oregon, Co   | ounty of Kla          |
|--|--|---|-----------------------|
| DLLOW INSTRUCTIONS (front and back) CAREFULLY  |  | Recorded 11/13/01 _<br>In Vol. M01, Page _ 4  | 8.480                 |
| NAME & PHONE OF CONTACT AT FILER [optional] MELISSA DAVIS 1-800-648-8026   | 009-472802   | Linda Smith, County   | 2 / 60/<br>Clerk      |
| SEND ACKNOWLEDGMENT TO: (Name and Address)   | 009-472802   | Fee \$ 26 <sup>6</sup> # 0  | of Pgs 2              |
| DIVERSIFIED FINANCIAL SERVICES<br>14010 FNB PKWY, STE. 205<br>OMAHA, NE 68154  | s, inc.  |   |                       |
| L  |  |   | •                     |
| INITIAL FINANCING STATEMENT FILE #   |  | SPACE IS FOR FILING OFFICE  1b. This FINANCING STATE  | USE ONLY              |
| 38376 VOL M97 PG 16385 KLAMATH CO  | O., OR 05-29-97  | to be filed (for record) (or  | recorded) in the      |
| TERMINATION: Effectiveness of the Financing Statement ide  | ntified above is terminated with respect to security interest(s) of  | the Secured Party authorizing this Ten  | mination Statement.   |
| CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.   | identified above with respect to security interest(s) of the Sec   | ured Party authorizing this Continuation  | on Statement is       |
| ASSIGNMENT (full or partial): Give name of assignee in item  | 7a or 7b and address of assignee in item 7c; and also sites  | on of analysis is   |                       |
| AMENDMENT (PARTY INFORMATION): This Amendment a  | ffects Debtor or Secured Party of record Charles   |   |                       |
| Also check one of the following three boxes and provide appropriate in   | nformation in items 6 and/or 7   | T MIN OF THUSSE TWO DOXES.  |                       |
| CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if ad  | n 6a or 6b; also give new idress change) in item 7c. DELETE name: Give record to be deleted in item 6a or 6b   | ADD name: Complete ite item 7c; also complete ite   | m 7a or 7b, and als   |
| CURRENT RECORD INFORMATION:  [5a. ORGANIZATION'S NAME]   | and the opposite of the opposi |   | ems 7d-7g (if applica |
|  |  |   |                       |
| 6b. INDIVIDUAL'S LAST NAME   | Islanting  |   |                       |
| The state of the s | IFIRST NAME  |   |                       |
|  | FIRST NAME   | MIDDLE NAME   | SUFFIX                |
| CHANGED (NEW) OR ADDED INFORMATION:  | PIRST NAME   | MIDDLE NAME   | SUFFIX                |
| HANGED (NEW) OR ADDED INFORMATION:   | PIRST NAME   | MIDDLE NAME   | SUFFIX                |
| CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME   |  |   | SUFFIX                |
| CHANGED (NEW) OR ADDED INFORMATION:<br>7a. ORGANIZATION'S NAME   | FIRST NAME   | MIDDLE NAME   | SUFFIX                |
| CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME   |  | MIDDLE NAME   | SUFFIX                |
| CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  | FIRST NAME   |   |                       |
| CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS  | FIRST NAME   | MIDDLE NAME STATE POSTAL CODE   | SUFFIX                |
| CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  AAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIORGANIZATION   DEBTOR  | FIRST NAME  CITY  IZATION 7f. JURISDICTION OF ORGANIZATION   | MIDDLE NAME   | SUFFIX                |
| CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANI ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only gne box.  | FIRST NAME  CITY  IZATION 7f. JURISDICTION OF ORGANIZATION   | MIDDLE NAME STATE POSTAL CODE   | SUFFIX                |
| CHANGED (NEW) OR ADDED INFORMATION:  78. ORGANIZATION'S NAME  76. INDIVIDUAL'S LAST NAME  IAILING ADDRESS  AX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANI ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only gne box.   | FIRST NAME  CITY  IZATION 7f. JURISDICTION OF ORGANIZATION   | STATE POSTAL CODE  79. ORGANIZATIONAL ID #, if a  | SUFFIX                |
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| CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  **AILING ADDRESS**  **FAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANI ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral   deleted or   added, or give entire   restate   restate   restate   added   restate   resta | FIRST NAME  CITY  IZATION 7f. JURISDICTION OF ORGANIZATION  ated collateral description, or describe collateral assigned assigned assigned assigned authorized by a Debtor, check here and enter name of DE  | MIDDLE NAME  STATE POSTAL CODE  79. ORGANIZATIONAL ID #, if a   | SUFFIX COUNTRY        |
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| U(<br>FO   | CC FINANCING STATEM   | ENTAMENDME<br>CAREFULLY | NT ADDENDUM         |   |
|--|---|-------------------------|---------------------|---|
| 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 38376 VOL M97 PG 16385 KLAMATH CO., OR 05-29-97 |   |                         |                     |   |
| 12<br>OR   | NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)  12a. ORGANIZATION'S NAME  DIVERSIFIED FINANCIAL SERVICES, INC. |                         |                     |   |
| _  | 12b. INDIVIDUAL'S LAST NAME   | FIRST NAME              | MIDDLE NAME, SUFFIX |   |
|  | Use this space for additional information   |                         |                     |   |
| D  | DEBTORS: MCMANUS, STEV<br>MCMANUS, SHER   |                         |                     |   |
| R  | ECORD OWNER: STEVEN E   | . & SHERRY E. MCN       | 1ANUS               | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY |
| , L<br>C   | EGAL DESC.: E 1/2 OF NW 1<br>O., OR   | /4 SEC. 32 T-40S R-1    | IE, KLAMATH         | <b>(</b> ***                                  |