Vol. MQ1 Page 61458

UCC FINANCING STATEMENT AMENTAMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	NDMENT	State of Oregon, County Recorded 12/03/01 10/19 Vol M01, Pg 6/4/58-Linda Smith, County Clerk	<i>48 a</i> 59 k
A. NAME & PHONE OF CONTACT AT FILER [optional] MELISSA DAVIS 1-800-648-8026	109-1296704	Fee \$ 26.00 # of Pgs	s 2
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	109-1290704		
DIVERSIFIED FINANCIAL SERVICE 14010 FNB PKWY, STE. 205 OMAHA, NE 68154 OMAHA, NE 68154	S, INC.		
EC 9 HWIO-HO			
<u> </u>	<b>-</b>	THE ABOVE SPACE IS FOR FILING OFFICE U	SE ONLY
1a. INITIAL FINANCING STATEMENT FILE #  29098 VOL M96 PAGE 37461-37462 KLA	MATH CO., OR 11-29-96	1b. This FINANCING STATEME lo be filed [for record] (or re REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement id			nation Statement.
CONTINUATION: Effectiveness of the Financing Statemer conlinued for the additional period provided by applicable law.		terest(s) of the Secured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in iter		c; and also give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment			
Also check one of the following three boxes and provide appropriate  CHANGE name and/or address: Give current record name in its name (if name change) in item 7a or 7b and/or new address (if a current RECORD INFORMATION:  6a. ORGANIZATION'S NAME	e information in items 6 and/or 7. em 6a or 6b; also give new DELETE	name: Give record name Land I ADD name: Complete item item 7c; also complete item	n 7a or 7b, and also ns 7d-7g (if applicat
GA. ORGANIZATION S NAME			
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	ατγ	STATE POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGORGANIZATION   DEBTOR	ANIZATION 7f. JURISDICTION OF OR	GANIZATION 7g. ORGANIZATIONAL ID #, if a	ny No
8. AMENDMENT (COLLATERAL CHANGE): check only one to Describe collateral deleted or added, or give entire steep received.	box. restated collateral description, or describe o	ollateral assigned.	
		•	
	ING THIS AMENDMENT (name of assign	or, if this is an Assignment). If this is an Amendment authorized and enter name of DEBTOR authorizing this Amendment.	zed by a Debtor which
<ol> <li>NAME OF SECURED PARTY OF RECORD AUTHORIZ adds collateral or adds the authorizing Debtor, or if this is a Termin</li> </ol>	nation authorized by a Debtor, check here		
adds collateral or adds the authorizing Debtor, or if this is a Termin 9a. ORGANIZATION'S NAME		2 Sollara	Da
adds collateral or adds the authorizing Debtor, or if this is a Termin		A SELLOSA MIDDLE NAME	JU

## TOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 29098 VOL M96 PAGE 37461-37462 KLAMATH CO., OR 11-29-96 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, INC. OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

DEBTOR: FRENCH E. JOHNSON & SON, INC.

13. Use this space for additional information

RECORD OWNER: RICHARD TAKACS

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

LEGAL DESC.:
SW 1/4 OF NE 1/4
SE 1/4 OF NE 1/4
S 1/2 OF NW 1/4 OF NE 1/4
S 1/2 OF NE 1/4 OF NE 1/4
N 1/2 OF NW 1/4 OF SE 1/4
N 1/2 OF NE 1/4 OF SE 1/4

ALL IN SECTION 15; TOWNSHIP 41S; RANGE 11E; KLAMATH CO., OR