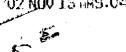
	Voi_WIOZ_Faye
	State of Oregon, County of Klamath Recorded 11/13/2002 9.04 a. m. Vol M02, Pg 656/9-20 Linda Smith, County Clerk
UCC FINANCING STATEMENT AMENDMENT	Linda Smith, County Clerk
FOLLOW INSTRUCTIONS (front and back) CAREFULLY	Fee \$ $26^{\infty}$ # of Pgs 2
A. NAME & PHONE OF CONTACT AT FILER [optional] MELISSA DAVIS 1-800-648-8026	701.53
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
DIVERSIFIED FINANCIAL SERVICES, LLC	
14010 FNB PKWY, STE. 205	4
<b>V</b> N OMAHA, NE 68154	
·	
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
18. INITIAL FINANCING STATEMENT FILE # VOL. M95 PG. 5244 KLAMATH CO., OR 03/09/95	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with res	pect to security interest(s) of the Secured Party authorizing this Termination Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to se	
continued for the additional period provided by applicable law.	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee	n item 7c; and also give name of assignor in item 9.
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secure	Party of record. Check only one of these two boxes.
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7.	DELETE name: Give record name ADD name: Complete item 7a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  6. CURRENT RECORD INFORMATION:	o be deleted in item 8a or 6b. Li item 7c; also complete items 7d-7g (if applicable)
6a. ORGANIZATION'S NAME	
OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  [78, ORGANIZATION'S NAME]	
18. ORGANIZATION S NAME	
OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME SUFFIX
7c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY
	NOF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any
ORGANIZATION DEBTOR	NON
8. AMENDMENT (COLLATERAL CHANGE): check only one box.	
Describe collateral deleted or added, or give entire restated collateral description, or de	scribe collateral assigned.
SEE ATTACHED ADDENDUM(S):	
	,
	· ·
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check	
9a. ORGANIZATION'S NAME	
DIVERSIFIED FINANCIAL SERVICES, LLC	Krolf 16/2th
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME SUFFIX
10. OPTIONAL FILER REFERENCE DATA	701
KARL & JENNIFER SCRONCE dba SCRONCE FARM CO. 9-2718	/01



UCC FINANCING STATE	MENTAMENDM	ENT ADDENDUM
FOLLOW INSTRUCTIONS (front and ba		
11. INITIAL FINANCING STATEMENT I		
12. NAME OF PARTY AUTHORIZING 122. ORGANIZATION'S NAME DIVERSIFIED FINANCIA	**************************************	item 9 on Amendment form)
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

13. Use this space for additional information DEBTOR(S): KARL & JENNIFER SCRONCE dba SCRONCE FARM CO.

RECORDER OWNER(S): KARL & JENNIFER SCRONCE

LEGAL DESC.: SEC. 12 & 13 37S-8E SEC. 7 & 18-37S-9E KLAMATH ; CO., OR

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