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CC FINANCING STATEMENT AMENDMEN	NT ROV	ecorded 1 ol M02, P	regon, Coun 210/2002	13/12 I
NAME & PHONE OF CONTACT AT FILER (optional) TELISSA DAVIS 1-800-648-8026 9-5046501	Fo	ma siiii **	n, County Cle	rk gs Z
SEND ACKNOWLEDGMENT TO: (Name and Address)				
DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FNB PKWY, STE 205 OMAHA, NE 68154				
<u> </u>	THE ABOVE	SPACE IS FO	OR FILING OFFICE	USE ONLY
INITIAL FINANCING STATEMENT FILE #	20.00	10.1	is FINANCING STATE be filed (for record) (or	
57178 VOL M98 PG 14105 KLAMATH CO., OR 04-2			AL ESTATE RECORD	s.
TERMINATION: Effectiveness of the Financing Statement identified above				
CONTINUATION: Effectiveness of the Financing Statement identified abordinued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Sec	ureo Party auth	iorizing this Continuati	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 give nam	e of assignor in	item 9.	
	ebtor or Secured Party of record. Check on			
Also check one of the following three boxes and provide appropriate information in	items 6 and/or 7.			_
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change)	so give new b) in item 7c. DELETE name: Give record to be deleted in Item 6a or 6b		DD name: Complete it am 7c; also complete it	em 7a or 7b, and also ems 7d-7g (if applica
CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
86. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
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CHANGED (NEW) OR ADDED INFORMATION:				
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				·
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7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE	NAME POSTAL CODE	
76. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNTRY
76. ORGANIZATION'S NAME 76. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION		STATE		COUNTRY
76. ORGANIZATION'S NAME 75. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	СІТУ	STATE	POSTAL CODE	COUNTRY
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FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 57178 VOL M98 PG 14105 KLAMATH CO., OR 04-28-98 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a, ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, LLC 12b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX 13. Use this space for additional information

DEBTORS:

JESPERSEN EDGEWOOD, INC.

RECORD OWNERS:

11/4

JAMES & SHARON CARROLL AND TRIPLE J FARMS

LEGAL DESCRIPTION:

SE 1/4 SEC 23 T-37S R-10E & SW 1/4 SEC 9 T-38S R-10E KLAMATH CO., OR

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