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Vol. M03 Page 20320 UCC FINANCING STATEMENT AMENDMENT State of Oregon, County of Klamath FOLLOW INSTRUCTIONS (front and back) CAREFULLY Recorded 04/03/2003 12:08 ρ m. A. NAME & PHONE OF CONTACT AT FILER [optional] 800-648-8026 JENNY JENSEN Vol M03 Pg <u>ე ე კე</u>ე B. SEND ACKNOWLEDGMENT TO: (Name and Address) Linda Smith, County Clerk Fee \$ 2100 # of Pgs DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATIONAL BANK PKWY #205 OMAHA, NE 68154 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # This FINANCING STATEMENT AMENDMENT IS to be filed [for record] (or recorded) in the VOL M03 PR 15983-84 KLAMATH COUNTY, OR 03/18/03 REAL ESTATE RECORDS. TERMINATION. Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) or the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is 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 in item 7c, and also give name of assignor in item 9 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes 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; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable 6. CURRENT RECORD INFORMATION. 6a, ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX LYON RODNEY 7. CHANGED (NEW) OR ADDED INFORMATION 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 7d. TAX ID #: SSN OR EIN ADD'L INFO RE | 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DESTOR NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. 1-USED MODEL 8000 VALLEY IRRIGATION PIVOT 1522' W/ACC., FREIGHT & INSTALLATION (NON-TOWABLE) S/N 1660' 10" PVC, 1740' 4#2 ALUM WIRE W/ 2#12 IN PVC 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 🗍 and enter name of DEBTOR authorizing this Amendment 9a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, LLC OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUEFIX

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10, OPTIONAL FILER REFERENCE DATA

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