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LOW INSTRUCTION	G STATEMENT AMEND! S (front and back) CAREFULLY CONTACT AT FILER (optional) PEL 1-800-648-8026	MENT		Recorded Vol M03	Oregon, Cou 06/03/2003_ Pg	8:44a -12
DIVERSIFIE	MENT TO: (Name and Address) ED FINANCIAL SERVICES, LI PKWY, STE 205 E 68154	LC 7				
INITIAL FINANCING STA	TEMENT FILE #		THE ABOV		R FILING OFFICE L	
	PG 36123 KLAMATH CO., OF			lo be	e filed [for record] (or re L ESTATE RECORDS	acorded) in the
	fectiveness of the Financing Statement Identified	<u> </u>		of the Secured Part	y authorizing this Termi	nation Statement.
CONTINUATION: continued for the additional co	Effectiveness of the Financing Statement identitional period provided by applicable law.	ified above with respect to securit	y interest(s) of the So	cured Party autho	rizing this Continuation	Statement is
ASSIGNMENT (full	or partial): Give name of assignee in item 7a or	7b and address of assignee in iter	n 7c; and also give na	me of assignor in i	tem 9.	
MENDMENT (PART)	Y INFORMATION): This Amendment affects	Debtor or Secured Par	ty of record. Check	only one of these to	wo boxes.	
CHANGE name and/or name (if name change CURRENT RECORD IN 6a. ORGANIZATION'S N			TE name: Give recor deleted in item 8a or t	d name ADI ib. Item	D name: Complete iten n 7c; also complete iten	n 7a or 7b, and also ns 7d-7g (if applicable).
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME	
L	DDED INFORMATION:					
7a. ORGANIZATION'S N	IAME					
7b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE	AME	SUFFIX
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	ADD'L INFO RE 17e. TYPE OF ORGANIZAT	ION 71. JURISDICTION OF	ORGANIZATION	Za ORGA	NIZATIONAL ID#, if a	nv .
TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR				no no	
TAX ID#: SSN OR EIN	ATERAL CHANGE): check only one box.					LINONE
MENDMENT (COLLA	leted or added, or give entire restated	collateral description, or describe	a collateralassi	ned.		
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AMENDMENT (COLLA rescribe collateral de EE ATTACHED	ADDENDUM					
AMENDMENT (COLLA Describe collateral del EE ATTACHED	ADDENDUM PARTY OF RECORD AUTHORIZING TH	HIS AMENDMENT (name of ass	ignor, if this is an Ass	gnment). If this is a		ed by a Debtor which
Describe collateral del	ADDENDUM PARTY OF RECORD AUTHORIZING THe authorizing Debtor, or if this is a Termination au	HIS AMENDMENT (name of ass	ignor, if this is an Ass	gnment). If this is a	an Amendment authoriz izing this Amendment.	ed by a Debtor which
AMENDMENT (COLLA Describe collateral de DE ATTACHED A JAME OF SECURED dos collateral or adds the	ADDENDUM PARTY OF RECORD AUTHORIZING THe authorizing Debtor, or if this is a Termination au	HIS AMENDMENT (name of ass	ignor, if this is an Ass	gnment). If this is a		ed by a Debtor which

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

10.0PTIONAL FILER REFERENCE DATA 109-1766003 OREM & SON, INC

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

UCC FINANCING STATEMENT AMENDMENT ADDENDUM
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
28437 VOL M96 PG 36123 KLAMATH CO., OR 11-18-96

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)
12a. ORGANIZATION'S NAME
DIVERSIFIED FINANCIAL SERVICES, LLC

OR
12b. INDIVIDUAL'S LAST NAME
FIRST NAME
MIDDLE NAME, SUFFIX

13. Use this space for additional information

DEBTORS:

OREM & SON, INC

RECORD OWNERS; A SECORD OWNERS; A SECORD

LEGAL DESCRIPTION:

NW 1/4 9-41S-11E WILLAMETE MERIDIAN KLAMATH CO., OR