

04 APR 20 AM 8:50

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State of Oregon, County of Klamath
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Linda Smith, County Clerk
Fee \$ 26.00 # of Pgs 2

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

MANDY JOHNSON 1-800-648-8026 EXT. 8033

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

DIVERSIFIED FINANCIAL SERVICE, LLC
14010 FNB PKWY. STE. 205
OMAHA, NE 68154

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. INITIAL FINANCING STATEMENT FILE #

V-M99 9-36658 KLAMATH CO., OR 09/14/99

1b. This FINANCING STATEMENT AMENDMENT is
to be filed [for record] (or recorded) in the
☒ **REAL ESTATE RECORDS.**

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement

3. ☒ 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: Please refer to the detailed instructions in regards to changing the name/address of a party.

☐ **DELETE** name: Give record name to be deleted in Item 6a or 6b.

☐ **ADD** name: Complete Item 7a or 7b, and also item 7c; also complete Items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. 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 **CITY** **STATE** **POSTAL CODE** **COUNTRY**

7d. ~~SEE INSTRUCTIONS~~ **ADD'L INFO RE ORGANIZATION DEBTOR** **7e. TYPE OF ORGANIZATION** **7f. JURISDICTION OF ORGANIZATION** **7g. ORGANIZATIONAL ID #, if any** ☐ **NONE**

8. AMENDMENT (COLLATERAL CHANGE): check only one box

Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

SEE ATTACHED ADDENDUM(S):

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

OR **9b. INDIVIDUAL'S LAST NAME** **FIRST NAME** **MIDDLE NAME** **SUFFIX**

10. OPTIONAL FILER REFERENCE DATA

HOLLANDS DAIRY INC. 9-65500-001

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

23184

UCC FINANCING STATEMENT AMENDMENT ADDENDUM**FOLLOW INSTRUCTIONS (front and back) CAREFULLY****11. INITIAL FINANCING STATEMENT FILE # (same as Item 1a on Amendment form)****V-M99 9-36658 KLAMATH CO., OR 09/14/99****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****THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY****DEBTOR(S): HOLLANDS DAIRY INC.****RECORD OWNER(S): THYS DEHOOP & CATHARINA DEHOOP****LEGAL DESC.: S 1/2 OF NW 1/4 SEC. 33 T-39S R-11 1/2 E; MAP TAX LOT # V33-400; KLAMATH CO., OR**