JCC FINANCING STATEMENT AMEN OLLOW INSTRUCTIONS (front and back) CAREFULLY	DMENT	Vol M04 Postate of Oregon, Course of Oregon, Cou	8.47 <u>a</u> r 70
A NAME & PHONE OF CONTACT AT FILER [optional] MELISSA DRUEPPEL 1-800-648-8026			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
DIVERSIFIED FINANCIAL SERVICE: 14010 FNB PKWY, STE. 205 OMAHA, NE 68154	S, LLC		
2 9 4 <u>8</u> 8:47			
a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPACE IS FOR FILING OF	
VOL M99 PG 13438 KLAMATH CO., OR	04-13-99	to be filed (for reco	STATEMENT AMENDMENT is rd] (or recorded) in the
TERMINATION: Effectiveness of the Financing Statement ident	tified above is terminated with respect to se	REAL ESTATE RE curity interest(s) of the Secured Party authorizing the secured Party authorized Par	
CONTINUATION: Effectiveness of the Financing Statement in continued for the additional period provided by applicable law.	dentified above with respect to security intr	erest(s) of the Secured Party authorizing this Con	tinuation Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7	a or 7b and address of assignee in item 7c;	; and also give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affit Also check one of the following three boxes and provide appropriate inf	ects Debtor or Secured Party of	record. Check only one of these two boxes.	
CHANGE name and/or address: Give current record name in item I name (if name change) in item 7a or 7b and/or new address (if add	6a or 6b; also give new DELETE na	ame: Give record name	olete item 7a or 7b, and also
CURRENT RECORD INFORMATION:	ress change) in item 7c to be delete	ed in item 6a or 6b. ADD Hame. Comp	plete item 7a or 7b, and also plete items 7d-7g (if applicable
6a. ORGANIZATION'S NAME		***************************************	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
		NIIDDLE NAIME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY		
	GITY	STATE POSTAL CODI	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZ ORGANIZATION	ATION 7f. JURISDICTION OF ORGA	ANIZATION 7g. ORGANIZATIONAL IE)#, if any
DEBTOR			NONE
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restat	tod colleteral description		NONE
ARTIAL RELEASE ONLY OF: PARCEL 1 OF LAND PARTITION 27-03, BEIN THE E 1/2 SECTION 5, TOWNSHIP 41 SOUT DUNTY, OR	NG A DEDI AT OF BARGE	A 073 myor	53, SITUATED KLAMATH
IAME OF SECURED PARTY OF RECORD AUTHORIZING 1 dds collateral or adds the authorizing Debtor, or if this is a Termination a 9a. ORGANIZATION'S NAME	and	it ins is an Assignment If this is an Americannt and enter partie of DEPTOR authorizing this Amend	uthorized by a Debtor which ent.
9a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, LLC	and	d enter runie of DED OR authorizing this Amenda	uthorized by a Debtor which agent.
9a. ORGANIZATION'S NAME	authorized by a Debtor, check here Tand	d enter regine of DEPTOR pautinorizing this Amend	uthorized by a Debtor which agent.