

State of Oregon, County of Klamath  
 Recorded 07/20/2004 9:13 a m  
 Vol M04 Pg 47229-30  
 Linda Smith, County Clerk  
 Fee \$ 26.00 # of Pgs 2

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b>	
MANDY JOHNSON 1-800-648-8026 EXT. 8033	
<b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b>	
RZ DIVERSIFIED FINANCIAL SERVICE, LLC 14010 FNB PKWY, STE. 205 OMAHA, NE 68154	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

VOL M99 PG 48443 KLAMATH CO., OR 12/09/99

 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
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7. **CHANGED (NEW) OR ADDED INFORMATION:**

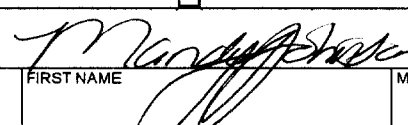
7a. ORGANIZATION'S NAME

OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. <b>SEE INSTRUCTIONS</b>	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> 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				
DIVERSIFIED FINANCIAL SERVICES, LLC				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
				

10. **OPTIONAL FILER REFERENCE DATA**

DANIEL &amp; DEE CHIN 109-66905-001

26

47230

**UCC FINANCING STATEMENT AMENDMENT ADDENDUM**

**FOLLOW INSTRUCTIONS (front and back) CAREFULLY**

**11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)**

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**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): DANIEL & DEE CHIN**

**RECORD OWNER(S): DANIEL & DEE CHIN**

**LEGAL DESC.: TAX LOT 800 SEC 15 T-41S R-11E KLAMATH CO., OR**