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						County Clerk	
		G STATEMENT <b>AMENDM</b>	ENT				2
		S (front and back) CAREFULLY CONTACT AT FILER [optional]					
		SON 1-800-648-8026 EXT. 8033					
3.	SEND ACKNOWLED	GMENT TO: (Name and Address)	4.				
	<b>₽</b> 14010 FNB	TIED FINANCIAL SERVICE, LI SPKWY, STE. 205					
	OMAHA, 1	NE 08134					
	L_						
a.	INITIAL FINANCING STA	TEMENT FILE #	THE	ABOVE SPAC		OR FILING OFFICE U	The state of the s
V	OL M99 PG 484	44 KLAMATH CO., OR 12/09/	99		la to	be filed [for record] (or re EAL ESTATE RECORDS	ecorded) in the
	TERMINATION: Ef	fectiveness of the Financing Statement identified abo	ove is terminated with respect to security inte	erest(s) of the Si	ecured Pa	arty authorizing this Termi	ination Statement
I	CONTINUATION: I	Effectiveness of the Financing Statement identified ional period provided by applicable law.	above with respect to security interest(s) of	of the Secured F	arty auth	orizing this Continuation	Statement is
7							
ال		or partial): Give name of assignee in item 7a or 7b a					
	Also check <u>one</u> of the follow	wing three boxes <u>and</u> provide appropriate information		oneck only one	or these	two boxes.	
	CHANGE name and/or a in regards to changing th	ddress: Please refer to the detailed instructions he name/address of a party.	DELETE name: Give record nam to be deleted in item 6a or 6b.	ie :	ADD	name: Complete item 7a o complete items 7e-7g (if app	r 7b, and also item 7c;
-	CURRENT RECORD IN				alsoc	Omprete terns / e- / g (ii app	pilcable).
	6a. ORGANIZATION'S N	AME					
R	6b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE	NAME	Louisen
					WIIDDEE	NAME	SUFFIX
(	CHANGED (NEW) OR A				-		
	7a. ORGANIZATION'S N	AME					
₹	7b. INDIVIDUAL'S LAST	NAME	FIRST NAME		lunni e		
			FIRST IVANIE		MIDDLE	NAME	SUFFIX
. 1	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
						. 33,7,2 3352	COONIKI
	SEE INSTRUCTIONS	ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	ON	7g. ORG.	L ANIZATIONAL ID#, if an	ny Non
		TERAL CHANGE): check only one box.					LINO
D	escribe collateral dele	eted or added, or give entire restated colla	ateral description, or describe collateral	assigned.			
E	E ATTACHED	ADDENDUM(S):					
		ALDENDONI(S).					
Ņ	AME OF SECURED F	PARTY OF RECORD AUTHORIZING THIS A uthorizing Debtor, or if this is a Termination authoriz	MENDMENT (name of assignor, if this is a	an Assignment).	If this is	an Amendment authorize	ed by a Debtor which
	ga. ORGANIZATION'S NA	uthorizing Debtor, of it this is a Termination authoriz	ed by a Debtor, check here and enter n	ame of DEBTC	R author	rizing this Amendment,	
		FINANCIAL SERVICES, LLC	T/ / Jensell	Bho.	/_		
1	96. INDIVIDUAL'S LAST N	NAME	FIRST NAME		VIDDLE N	NAME	SUFFIX
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FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

	C FINANCING STATEM	· ·	ENT ADDENDUM				
11.	INITIAL FINANCING STATEMENT FOL M99 PG 48444 KLAM	FILE # (same as item 1a on Amer	•				
:	2. 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 informa	ition					

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR(S): JOHN S. KRONENBERGER

RECORD OWNER(S): JOHN KRONENBERGER

LEGAL DESC.: W 1/2 OF NW 1/4 SEC. 34 T-35S R-12E KLAMATH CO., OR