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| | State Record | of Oregon, County of ded 10/04/04 900 | f Klan |
| | VOI MU | 14 Pa 66693.9 | 14 |
| UCC FINANCING STATEMENT AMENDMEN | NT Fee \$ | Smith, County Clerk 26° # of Pgs | 2 |
| A. NAME & PHONE OF CONTACT AT FILER [optional] | | | |
| MELISSA DRUEPPEL 1-800-648-8026 B. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | |
| | | | |
| DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FNB PKWY, STE. 205 | | | |
| OMAHA, NE 68154 | | | |
| | | | |
| L. | THE ABOVE O | DAGE 10 FOR EV 1110 OFFICE 1 | |
| 1a INITIAL FINANCING STATEMENT FILE # VOL M01 PG 16390 KLAMATH CO OR 04-17-0 | | PACE IS FOR FILING OFFICE U. 1b. This FINANCING STATEME | NT AMEND |
| VOL M01 PG 16390 KLAMATH CO., OR 04-17-02. TERMINATION: Effectiveness of the Financing Statement identified above in | | to be filed [for record] (or record REAL ESTATE RECORDS. | |
| CONTINUATION: Effectiveness of the Financing Statement identified aborcontinued for the additional period provided by applicable law. | ove with respect to security interest(s) of the Secur | ed Party authorizing this Continuation | Statement |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a | address of assignee in item 75; and also give name | of oreinantia trans | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects De | ebtor or Secured Party of record. Check only | | |
| Also check one of the following three boxes and provide appropriate information in in CHANGE name and/or address: Give current record name in item 6a or 6b, also | THE DELETE | — 400 | |
| name (if name change) in item 7a or 7b and/or new address (if address change 6. CURRENT RECORD INFORMATION: | be give new to be deleted in item 6a or 6b. | me ADD name: Complete item item 7c; also complete item | 7a or 7b, ar s 7d-7g (if a |
| 6a. ORGANIZATION'S NAME | 1,44 | | |
| OR 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | |
| | TROT NAME | MIDDLE NAME | SUF |
| 7. CHANGED (NEW) OR ADDED INFORMATION [7a. ORGANIZATION'S NAME] | | | |
| | | | |
| OP. | | MIDDLE NAME | 10.00 |
| OR 75. INDIVIDUAL'S LAST NAME | FIRST NAME | WIDDLE NAME | SUF |
| OR 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS | FIRST NAME CITY | STATE POSTAL CODE | |
| 7c. MAILING ADDRESS | CITY | STATE POSTAL CODE | cou |
| 7b. INDIVIDUAL'S LAST NAME | | | COU |
| 7c. MAILING ADDRESS 7d. TAX ID #. SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. | CITY 7f. JURISDICTION OF ORGANIZATION | STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any | cou |
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| 7c. MAILING ADDRESS 7d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION ORGANIZATI | 7f. JURISDICTION OF ORGANIZATION al description, or describe collateral assigned assigned | STATE POSTAL CODE 7g. ORGANIZATIONAL ID #, if any | COU |

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

| UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY | | | | |
|---|-------------|---------------------|--|--|
| 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) | | | | |
| VOL M01 PG 16390 KLAM | ATH CO., OR | 04-17-01 | | |
| 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) | | | | |
| 12a. ORGANIZATION'S NAME | | | | |
| DIVERSIFIED FINANCIAL SERVICES, LLC | | | | |
| 12b INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | |
| <u> } </u> | | | | |
| Use this space for additional informatio | on . | | | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONL

DEBTORS:

JD RANCH OPERATING LLC, A LIMITED LIABILITY COMPANY

LEGAL DESC.:

SE 1/4 SEC. 23; T-36S; R-12E & NE 1/4 SEC. 26; T-36S; R-12E; KLAMATH CO., OR