					Vəl	M05	_Page5	<u> 96</u> 83
		STATEMENT (front and back) CAF	T AMENDME	NT				of Klamath
A. NAME	& PHONE OF CO	NTACT AT FILER [o	ptional]				1/05 <u> 10:04</u> 59683-8	
		N 1-800-648-80 MENT TO: (Name and			Linda Smith, County Clerk Fee \$ 26 # of Pgs			
6x	– DIVERSIFI 14010 FNB I OMAHA, N	PKWY, STE. 20	L SERVICES, LI 05	LC	ree \$ _	Ø16-	# 01 Pgs	х—
L	_				THE ABOVE SE	PACE IS FO	OR FILING OFFICE	USE ONLY
	FINANCING STAT	_			1112 / 150 / 12 01	1b. Th	is FINANCING STATE	MENT AMENDMENT I
			TH COUNTY, O			V RE	be filed [for record] (o AL ESTATE RECORD	DS.
				re is terminated with respect to				
		onal period provided by a					ionizing this continuat	- Statement is
1. ASS	IGNMENT (full o	partial): Give name of a	assignee in item 7a or 7b an	nd address of assignee in iten	17c; and also give name	of assignor in	ı item 9.	
	,	•	is Amendment affects		ty of record. Check only	one of these	two boxes.	
CHA!	NGE name and/or ad	idress: Please refer to the on name/address of a party.	detailed instructions	DELETE name: Given to be deleted in item	re record name	ADD	name: Complete item 7	7a or 7b, and also item 7c fapplicable).
	NT RECORD INF		·	to be deleted in item	r da di db.	Laisot	complete items / e-/g (ii	applicable).
6a. OR	GANIZATION'S NA	ME						
OR 66. INC	DIVIDUAL'S LAST	NAME		FIRST NAME	allend de contrate de la fait de la contrate de contrate de la contrate del la contrate de la co	MIDDLE	NAME	SUFFIX
	ED (NEW) OR AD	DED INFORMATION:	Martin					***************************************
76. INC	7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS		FIRST NAME	FIRST NAME		MIDDLE NAME		
Zo. NAAIL INI			CITY			POSTAL CODE	COUNTRY	
C. MAILING	3 AUDRESS			City		SIAIE	POSTAL CODE	COUNTRY
d. SEEINS	TRUCTIONS		TYPE OF ORGANIZATION	7f. JURISDICTION OF	ORGANIZATION	7g. ORG	SANIZATIONAL ID#,	ifany
		ORGANIZATION DEBTOR						□ NC
		TERAL CHANGE): cheted or added, or g		iteral description, or describ	e colfateral assigned	I .		
SEE A'	TTACHED .	ADDENDUM(S	D:					
adds coll	lateral or adds the a	uthorizing Debtor, or if the		AMENDMENT (name of asseted by a Debtor, check here				
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9a. OR	ateral or adds the a	outhorizing Debtor, or if the ME FINANCIAL SI					orizing this Amendmer	

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

UC	C FINANCING STATE	MENT AMENDME	NT ADDENDUM				
FOL	LOW INSTRUCTIONS (front and ba	ck) CAREFULLY					
11.	INITIAL FINANCING STATEMENT I	FILE # (same as item 1a on Amer	dment form)				
V	OL M99 PAGE 48443 KL	AMATH COUNTY, C	R 12/9/99				
12.	NAME OF PARTY AUTHORIZING	THIS AMENDMENT (same as i	tem 9 on Amendment form)				
	12a. ORGANIZATION'S NAME						
	DIVERSIFIED FINANCIAL SERVICES, LLC						
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME.SUFFIX				
13	Lee this space for additional inform	ation					

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR(S): DANIEL G. CHIN DEE CHIN

RECORD OWNER(S): DANIEL G. CHIN DEE CHIN

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