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ICC FINANCING STATEMENT AMENDMENT	000	
OLLOW INSTRUCTIONS (front and back) CAREFULLY	State of Oregon, County of Kl	amath
A. NAME & PHONE OF CONTACT AT FILER [optional]	Recorded 08/02/05 8:4/13 m Vol M05 Pg (00/95-96) Linda Smith, County Clerk Fee \$ 26 = # of Pgs 2	
TY STEPHENSON 1-800-648-8026 EXT. 8015 3. SEND ACKNOWLEDGMENT TO: (Name and Address)	Linda Smith, County Clerk	
<del>-</del>	Fee \$ $26^{\omega}$ # of Pgs $2$	
DIVERSIFIED FINANCIAL SERVICES, LLC		
14010 FNB PKWY, STE. 205 OMAHA, NE 68154		
OMARA, NE 00134		
L	THE ADOLES OR FOR THINK OF SECTION	v
a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  1b. This FINANCING STATEMENT AME	NDMENT
VOL M99 PG 36658 KLAMATH COUNTY, OR 9/14/99	to be filed [for record] (or recorded) in REAL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with response	pect to security interest(s) of the Secured Party authorizing this Termination Sta	atement.
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to se continued for the additional period provided by applicable law.	curity interest(s) of the Secured Party authorizing this Continuation Stateme	ent is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in	n item 7c; and also give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secure	d 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  DELETE name	Give record name ADD name: Complete item 7a or 7b, and a	also item 7c
in regards to changing the name/address of a party.	n item 6a or 6b. also complete items 7e-7g (if applicable)	
6. CURRENT RECORD INFORMATION:  6a ORGANIZATION'S NAME	4	
Programs	MIDDLE NAME	SUFFIX
OR 6b. INDIVIDUAL'S LAST NAME	MISSEE IVANIE	
7. CHANGED (NEW) OR ADDED INFORMATION:		
7a. ORGANIZATION'S NAME		
OR 7b. INDIVIDUAL'S LAST NAME FIRST NAME	MIDDLE NAME	SUFFIX
76. INDIVIDUAL'S LAST NAME	_ \	
7c. MAILING ADDRESS CITY	STATE POSTAL CODE	COUNTRY
TO THE PROPERTY OF THE PROPERT	N OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION	NOT ORGANIZATION	Пи
DEBTOR  8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.		
Describe collateral deleted or added, or give entire restated collateral description, or d	escribe 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	a Debtor wh
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check the authorized by a Debtor the autho	of assignor, if this is an Assignment). If this is an Amendment authorized by a here and enter name of DEBTOR authorizing this Amendment.	a Debtor wh
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check  [9a. ORGANIZATION'S NAME]	Nauson	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check	e of assignor, if this is an Assignment). If this is an Amendment authorized by a here and enter name of DEBTOR authorizing this Amendment.  MIDDLE NAME	a Debtor wh
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check  9a. ORGANIZATION'S NAME  DIVERSIFIED FINANCIAL SERVICES, LLC  9b. INDIVIDUAL'S LAST NAME  FIRST NAME	Nauson	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check  [9a. ORGANIZATION'S NAME]	Nauson	

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UC	C FINANCING STATE	MENT AMENDME	NT ADDENDUM	
FOL	LOW INSTRUCTIONS (front and ba	ack) CAREFULLY		
11.	INITIAL FINANCING STATEMENT	FILE # (same as item 1a on Amer		
	OL M99 PG 36658 KLAM			
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	
42	Li- this areas for additional inform	nation		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR(S): HOLLAND'S DAIRY

RECORD OWNER(S): THYS DEHOOP & CATHARINA DEHOOP

LEGAL DESC.: S 1/2 OF NW 1/4 SEC. 33 T-39S R-11 1/2E; MAP TAX LOT # V33-400; KLAMATH CO., OR