
M06-10934

Klamath County, Oregon 05/31/2006 09:40:50 AM Pages 2 Fee: \$26.00

UCC FINANCING STATEMENT AMENDMENT

	NS (front and back) CAREFULLY			
1	CONTACT AT FILER (optional)	:		
	C 1-800-648-8026 EXT. 8033	**************************************		
B. SEND ACKNOWLED	GMENT TO: (Name and Address)			
	THE BUILDING A CONSTRUCTION OF THE			
	FIED FINANCIAL SERVICE, LLC	1		
	B PKWY, STE. 205			
OMAHA,	NE 68154			
		THE ABOVE S	PACE IS FOR FILING OFFICE L	JSE ONLY
1a INITIAL FINANCING STA			1b. This FINANCING STATEM	
	009 KLAMATH COUNTY, OR FIL		to be filed [for record] (or re REAL ESTATE RECORDS	S
	ffectiveness of the Financing Statement identified above i			
3. CONTINUATION:	Effectiveness of the Financing Statement identified abo	ve with respect to security interest(s) of the Secu	red Party authorizing this Continuation	n Statement is
4. ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	of assignor in item 9.	
5. AMENDMENT (PART	Y INFORMATION): This Amendment affects De	btor <u>or</u> Secured Party of record. Check only	one of these two boxes.	
	owing three boxes <u>and</u> provide appropriate information in i	tems 6 and/or 7.		
	address: Please refer to the detailed instructions the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a of also complete items 7e-7g (if ap	or 7b, and also item 7c;
6. CURRENT RECORD IN	NFORMATION:			
6a. ORGANIZATION'S	NAME			
OR 65. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR A	ADDED INFORMATION:			
7a. ORGANIZATION'S	NAME			
20				
76. INDIVIDUAL'S LAS	TNAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
7d SEEINSTRUCTIONS	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	iny
	ORGANIZATION '			П
8 AMENDMENT (COLL	ATERAL CHANGE); check only one box.			NONE
	eleted or added, or give entire restated collater	ol description of describe collectors 🗍		
Describe conateral Light	elected of Lauded, or give entire Lifestated collater	al description, or describe collateralassigne	u.	

	AL .		
ERSIFIED FINANCIAL SERVICES, LL VIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
FILER REFERENCE DATA D1-002 RITTER RANCH, L.L.C., A LIM	IITED LIABILITY COMPAN	NY	

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 28009 KLAMATH COUNTY, OR FILED ON 6/13/01 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 13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR(S): RITTER RANCH, L.L.C., A LIMITED LIABILITY COMPANY

RECORD OWNER(S): RITTER RANCH, L.L.C.

LEGAL DESC.: S 1/2 E 1/2 NW 1/4 SEC 5, T 38S, R 11E ALL IN KLAMATH COUNTY, OR