

2008-010603

Klamath County, Oregon



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07/25/2008 08:44:27 AM

Fee: \$26.00

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|   |  |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br><b>TY STEPHENSON 1-800-648-8026</b>   |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><b>DIVERSIFIED FINANCIAL SERVICES, LLC<br/>14010 FNB PKWY, SUITE 400<br/>OMAHA, NE 68154</b> |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|  |  |                                   |  |                          |  |   |  |
|--|--|-----------------------------------|--|--------------------------|--|---|--|
| 1a. INITIAL FINANCING STATEMENT FILE #<br><b>M06-06285</b>   |  | KLAMATH COUNTY, OR                |  | 4/3/06                   |  | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.<br><input checked="" type="checkbox"/> |  |
| 2. <input checked="" type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.   |  |                                   |  |                          |  |   |  |
| 3. <input type="checkbox"/> <b>CONTINUATION:</b> Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  |  |                                   |  |                          |  |   |  |
| 4. <input type="checkbox"/> <b>ASSIGNMENT</b> (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  |  |                                   |  |                          |  |   |  |
| 5. <b>AMENDMENT (PARTY INFORMATION):</b> This Amendment affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes.<br>Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7.<br><input type="checkbox"/> <b>CHANGE</b> name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). |  |                                   |  |                          |  |   |  |
| 6. <b>CURRENT RECORD INFORMATION:</b>  |  |                                   |  |                          |  |   |  |
| 6a. ORGANIZATION'S NAME  |  |                                   |  |                          |  |   |  |
| OR   |  |                                   |  |                          |  |   |  |
| 6b. INDIVIDUAL'S LAST NAME   |  | FIRST NAME                        |  | MIDDLE NAME              |  | SUFFIX  |  |
| 7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>  |  |                                   |  |                          |  |   |  |
| 7a. ORGANIZATION'S NAME  |  |                                   |  |                          |  |   |  |
| OR   |  |                                   |  |                          |  |   |  |
| 7b. INDIVIDUAL'S LAST NAME   |  | FIRST NAME                        |  | MIDDLE NAME              |  | SUFFIX  |  |
| 7c. MAILING ADDRESS  |  | CITY                              |  | STATE                    |  | POSTAL CODE COUNTRY   |  |
| 7d. <u>SEE INSTRUCTIONS</u>  |  | ADD'L INFO RE ORGANIZATION DEBTOR |  | 7e. TYPE OF ORGANIZATION |  | 7f. JURISDICTION OF ORGANIZATION  |  |
|  |  |                                   |  |                          |  | 7g. ORGANIZATIONAL ID #, if any   |  |
|  |  |                                   |  |                          |  | <input type="checkbox"/> NONE   |  |
| 8. <b>AMENDMENT (COLLATERAL CHANGE):</b> check only <u>one</u> box.<br>Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.  |  |                                   |  |                          |  |   |  |

SEE ATTACHED ADDENDUM(S):

|  |  |                    |  |
|--|--|--------------------|--|
| 9. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |  |                    |  |
| 9a. ORGANIZATION'S NAME<br><b>DIVERSIFIED FINANCIAL SERVICES, LLC</b>  |  |                    |  |
| OR   |  |                    |  |
| 9b. INDIVIDUAL'S LAST NAME   |  | FIRST NAME         |  |
|  |  | MIDDLE NAME SUFFIX |  |

10. OPTIONAL FILER REFERENCE DATA

109-0040503-002

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

**M06-06285**

**KLAMATH COUNTY, OR**

**4/3/06**

12. 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 information

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**DEBTOR(S): BALEY-TROTMAN FARMS**

**LON E. BALEY**

**MARK R. TROTMAN**

**RECORD OWNER(S): PATRICK D. RATLIFF**

**MICHELLE RATLIFF**

**LEGAL DESC.: S/2, S/2 N/2 & S/2 N/2 N/2 OF LOT 5 & ALL OF LOT 2, ALL OF LOT 13 T41S R11E  
KLAMATH COUNTY, OR**