## **2009-002427** Klamath County, Oregon



CC FINANCING STATEMENT AMENUMEN I		02/18/2009 10	22:49 A	<u>M</u>	Fee: \$26.0
LLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]	<b>——</b>				
ORA FOCHT (800) 648-8026 X 8039	- 1				
SEND ACKNOWLEDGMENT TO: (Name and Address)					
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<b>\</b>	1				
DIVERSIFIED FINANCIAL SERVICES, LLC					
14010 First National Bank Pkwy #400					
Omaha, NE 68154	I				
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		THE ABOVE SPA		FILING OFFICE USE C	
INITIAL FINANCING STATEMENT FILE #			1b. This	FINANCING STATEMENT A filed (for record) (or records	(MENDMENT is ad) in the
KLAMATH COUNTY, OR MO6-07182 4/13/06			REA	_ ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to	security interest(s) of the S	ecured Party	authorizing this Termination	Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to security	interest(s) of the Secured	Party author	rizing this Continuation State	ement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ac	ddress of assignee in item	7c; and also give name of a	ıssignor in it	em 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects / Debt		y of record. Check only on			
Also check one of the following three boxes and provide appropriate information in ite		•			
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) in	give new DELET	E name: Give record name eleted in item 6a or 6b.	ADI	D name: Complete item 7a o n 7c; also complete items 7d	or 7b, and also -7g (if applicable
I name (if name change) in item 7a or 7b and/or new address (if address change) in CURRENT RECORD INFORMATION:	m rem /c. Litobe c	eleted in item oa or ob.			
6a. ORGANIZATION'S NAME					
BALIN FARM TRUST					
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
. CHANGED (NEW) OR ADDED INFORMATION:	1				*****
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
					ļ
c. MAILING ADDRÉSS	CITY		STATE	POSTAL CODE	COUNTRY
•					
d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		7g. ORG	ANIZATIONAL ID#, if any	
ORGANIZATION DEBTOR					□no
B. AMENDMENT (COLLATERAL CHANGE): check only one box.					
B. AMENDMENT (COLLATERAL CHANGE), check only bits obtained.  Describe collateral deleted or added, or give entire restated collateral.	al description or describ	e collateral Cassigned.			
Describe collateraldeleted oradded, or give entirerestated collatera	ar description, or describ	C constorer Landon Street			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	ENDMENT (name of as	signor, if this is an Assignme	ent), If this is	s an Amendment authorized	by a Debtor whic
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	ENDMENT (name of as I by a Debtor, check here	signor, if this is an Assignme	ont). If this is	s an Amendment authorized orizing this Amendment.	by a Debtor whic
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized [9a. ORGANIZATION'S NAME]	ENDMENT (name of as	signor, if this is an Assignme and enter name of DEt	ont). If this is	s an Amendment authorized orizing this Amendment.	by a Debtor whic
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized  [9a. ORGANIZATION'S NAME]	ENDMENT (name of as	signor, if this is an Assignme and enter name of DEI	ent). If this is	s an Amendment authorized orizing this Amendment.	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized  9a. ORGANIZATION'S NAME  DIVERSIFIED FINANCIAL SERVICES, LLC	ENDMENT (name of as by a Debtor, check here FIRST NAME	signor, if this is an Assignm and enter name of DEI	ont). If this is	onzing (his Amenament.	by a Debtor whic
9a. ORGANIZATION'S NAME	by a Debtor, check here	signor, if this is an Assignm and enter name of DEI	31 OR auth	onzing (his Amenament.	

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) KLAMATH COUNTY, OR MO6-07182 4/13/06 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

DEBTOR(S): BALIN FARM TRUST; BALIN RANCHES

LEGAL: SEC. 12 T-40 R-9 KLAMATH COUNTY, OR

LAND OWNER: HAROLD BALIN, JOAN STAUNTON, BALIN FARM

TRUST

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