## 2011-003300 Klamath County, Oregon



SUFFIX

MIDDLE NAME

C FINANCING STATEMENT AIVIENDIVIEN	
	03/08/2011 10:19:23

Fee: \$42.00 FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] PAM WALKER 1-800-648-8026 B. SEND ACKNOWLEDGMENT TO: (Name and Address) DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FNB PKWY, SUITE 400 **OMAHA, NE 68154** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE# to be filed [for record] (or recorded) in the M06-09033 KLAMATH COUNTY, OR 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement CONTINUATION: 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. ASSIGNMENT (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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured 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 in regards to changing the name/address of a party. DELETÉ name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR 66. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX MARIE LYON 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME POSTAL CODE COUNTRY CITY STATE 7c. MAILING ADDRESS 7g. ORGANIZATIONAL ID #, if any 7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe 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 Debtor which and enter name of DEBTOR authorizing this Amendment. adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here DIVERSIFIED FINANCIAL SERVICES, LLC

FIRST NAME

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

9b. INDIVIDUAL'S LAST NAME

10. OPTIONAL FILER REFERENCE DATA

009-0058505-003

ŲC	C FINANC	ING STATE	MENT <b>AMENDM</b> I	ENT ADDENDUM	
FOL	LOW INSTRUCT	IONS (front and ba	ack) CAREFULLY		
11,	INITIAL FINANCI	NG STATEMENT	FILE # (same as item 1a on Ame	endment form)	
M	06-09033 I	KLAMATH C	OUNTY, OR 05/08	/2006	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)					
	12a. ORGANIZATI	ON'S NAME			
<b>0</b> D	DIVERSIFIED FINANCIAL SERVICES, LLC				
OR	12b. INDIVIDUAL'S	LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX	
13	Lico this enace fo	r additional inform	ation		

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR(S): MARIE LYON RODNEY R. LYON

RECORD OWNER(S): RODNEY & MARIE LYON

LEGAL DESC.: E 1/2 SE 1/4 SEC 34 & W 1/2 SW 1/4 SEC 35, T 40S, R 12E, KLAMATH COUNTY, OR