2011-005307 Klamath County, Oregon UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY 04/29/2011 10:29:02 AM A. NAME & PHONE OF CONTACT AT FILER [optional] Fee: \$47.00 1-800-648-8026 B. SEND ACKNOWLEDGMENT TO: (Name and Address) DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FNB PKWY, STE. 400 **OMAHA, NE 68154** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a, INITIAL FINANCING STATEMENT FILE # This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the 2009-000296 KLAMATH COUNTY, OR 01/12/2009 REAL ESTATE RECORDS 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 (trull 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 of 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: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c DELETE 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 7d-7g (if applicable) 6. CURRENT RECORD INFORMATION: 6a ORGANIZATION'S NAME HAMMERICH, INC. OR 66. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. OHGANIZATION'S NAME 76. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

SEE ATTACHED ADDENDUM

7c. MAILING ADDRESS

7d. TAX ID # SSN OR EIN

	NAME OF SECURED PARTY OF RECORD AUTHORI adds collateral or adds the authorizing Debtor, or if this is a Term				
	9a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, LLC				
QR	90. INDIVIDUAL'S LAST NAME	FIHST NAME	MIDDLE NAME	SUFFIX	
10.0	OPTIONAL FILER REFERENCE DATA	*			
00	078624-004 HAMMERICH, INC.				

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71. JURISDICTION OF ORGANIZATION

STATE POSTAL CODE

7g. ORGANIZATIONAL ID #, if any

ÇQUNTRY

NONE

ADDIL INFO RE | 7e TYPE OF ORGANIZATION

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned

ORGANIZATION DESTOR

8. AMENDMENT (COLLATERAL CHANGE); check only one box

UCC FINANCING STATE	MENT AMENDM	ENT ADDENDUM			
FOLLOW INSTRUCTIONS (front and ba	ick) CAREFULLY				
11. INITIAL FINANCING STATEMENT	FILE # (same as item 1a on Ame	andment form)			
2009-000296 KLAMATH C					
12. NAME OF PARTY AUTHORIZING	NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)				
12a. ORGANIZATION'S NAME					
DIVERSIFIED FINANCIAL SERVICES, LLC					
126. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
13. Use this space for additional information	ation				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTORS: HAMMERICH, INC.

RECORD OWNERS: HAMMERICH, INC.

LEGAL DESC.: SEE EXHIBIT "A", KLAMATH COUNTY, OR

EXHIBIT "A"

SW ¼ NE ¼ SECTION 9 TOWNSHIP 39 RANGE 11 TAX LOT 1600
NE ¼ NW ¼, NW ¼ NE ¼, W ½ NE ¼ NE ¼ SECTION 8 TOWNSHIP 39 RANGE 11
TAX LOTS 300 & 400
SE ¼ SW ¼ SECTION 5 TOWNSHIP 39 RANGE 11 TAX LOT 700 ALL IN
KLAMATH COUNTY, OR

