Klamath County, Oregon 00145306201300129400020029 **UCC FINANCING STATEMENT AMENDMENT** Fee: \$42.00 11/19/2013 10:30:50 AM **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) 1-800-648-8026 MORGAN CUMMINGS B. E-MAIL CONTACT AT FILER (optional) C. 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 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS Filer: (1997) Amendment Addendum (Form OCCSAD) and provide Debtor's name in term 15 2012-007117-KLAMATH COUNTY, OR 06/28/12-2. TERMINATION; Effectiveness of the Financing Statement identified above is terminated with respect to the security Interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to the security Interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes: ADD name: Complete item 7a or 7b, and item 7c CHANGE name and/or address: Complete item 8a or 6b; and item 7a or 7b and item 7c DELETE name: Give record name to be deleted in item 6a or 6b This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (8a or 8b) 6a, ORGANIZATION'S NAME OR 65. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) WESTON WALKER 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one mane (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 7c. MAILING ADDRESS POSTAL CODE COUNTRY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral ASSIGN collateral RESTATE covered collateral Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 8b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, LLC 8b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2013-012940

10. OPTIONAL FILER REFERENCE DATA:

109-0177376-001

I, INITIAL FINANCING STATEMENT FILE NUMBER: SET 2012-007117 KLAMATH COUNTY	me as item 1s on Amendment form 7. OR 06/28/12		
2. NAME OF PARTY AUTHORIZING THIS AMENDMENT:			
128. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SEI	RVICES, LLC		
R 12b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	ue above sbace is eod eii ing office	: (ISE ON) Y
Name of DEBTOR on related financing statement (Namone Debtor name (13a or 13b) (use exact, full name; do not on	ne of a current Debtor of record required for indexing purpose	HE ABOVE SPACE IS FOR FILING OFFICE uses only in some filing offices - see Instruction item see Instructions if name does not fit	
138, ORGANIZATION'S NAME			
HILL 4. ADDITIONAL SPACE FOR ITEM 8 (Colleteral):	FIRST PERSONAL NAME TRICIA	ADDITIONAL NAME(S)/iNITIAL(S)	SUFFIX
HILL		ADDITIONAL NAME(S)/iNITIAL(S)	SUFFIX
HILL		ADDITIONAL NAME(S)/iNITIAL(S)	SUFFIX
HILL		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
4. ADDITIONAL SPACE FOR ITEM 8 (Collateral):			SUFFIX

18. MISCELLANEOUS: