2014-010753 Klamath County, Oregon

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Fee: \$47.00 C FINANCING STATEMENT AMENDMENT 10/15/2014 09:17:44 AM

| FOLLOW INSTRUCTIONS | | | | | | |
|--|--|--|--|--------------------------------|---------------------------------|--|
| A NAME & PHONE OF CONTACT AT FILER (optional) | |] | | | | |
| 1-800-648-8026 MORGAN CUMMINGS B. E-MAIL CONTACT AT FILER (optional) | | | | | | |
| | | 1 | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | | | | | |
| | | | | | | |
| DIVERSIFIED FINANCIAL SERVICES, L | LC | | | | | |
| 14010 FNB PKWY, STE. 400 OMAHA, NE 68154 | _ | | | | | |
| | | THE ABOVE S | DACE IS FOR FILL | NG OFFICE USE C | NLY | |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER | | 1h [7] This FINANCING STA | TEMENT AMENDME | NT is to be filed [for r | | |
| 2011-010086 KLAMATH COUNTY, OI | R 9/6/11 | Filer: attach Amendmen | Addendum (Form UCC | 3Ad) <u>and</u> provide Debtor | 's name in item 13 | |
| 2. TERMINATION: Effectiveness of the Financing Statement ider Statement | tified above is terminated | with respect to the security int | erest(s) of Secured F | arty authorizing this | Termination | |
| ASSIGNMENT (full or partial): Provide name of Assignee in its For partial assignment, complete items 7 and 9 and also indicate | affected collateral in item | · | | | | |
| CONTINUATION: Effectiveness of the Financing Statement in continued for the additional period provided by applicable law | dentified above with respec | t to the security interest(s) of | Secured Party author | izing this Continuatio | n Statement is | |
| 5. PARTY INFORMATION CHANGE: | | | | | | |
| Check one of these two boxes: | Check one of these three to CHANGE name and/or | address: Complete ADD | name: Complete item r 7b, and item 7c | DELETE name: of | Give record name em 6a or 6b | |
| This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Inform | item 6a or 6b; and item | | rb, and tem 10 | 10 20 4444 | | |
| 6. CORRENT RECORD INFORMATION. Complete St. Fary Information. | and on any | | | | | |
| BAR CL, INC. | | DIAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | | | | |
| OR 66. INDIVIDUAL'S SURNAME | FIRST PERSO | NAL NAME | ADDITIONAL NAME (SYMMATIAL (SY | | | |
| 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or | Party Information Change - provide | only one name (7a or 7b) (use exact, | full name; do not omit, mod | ify, or abbreviate any part of | the Debtor's name) | |
| 78. ORGANIZATION'S NAME | | | | | | |
| OR 75 INDIVIDUAL'S SUPNAME | | | | | | |
| 7b. INDIVIDUAL'S SURNAME | | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | and the second s | | | | | |
| | | | | | SUFFIX | |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | | | | | | |
| 7c. MAILING ADDRESS | CITY | | STATE POS | TAL CODE | COUNTRY | |
| TO COLLA TERM CHANCE. No sharp are of these four house | ADD collateral | DELETE collateral | RESTATE covere | d collateral | SSIGN collateral | |
| COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral: | ADD conateral | OLLE TE COMMISTE | | <u> </u> | | |
| Indicate collateral: | | | | | | |
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| | | | | | | |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment authorized by a DEBTOR, check here | IG THIS AMENDMENT: | Provide only <u>one</u> name (9a or zing Debtor | 9b) (name of Assignor | , if this is an Assignme | ent) | |
| 9a. ORGANIZATION'S NAME | | <u> </u> | | | | |
| DIVERSIFIED FINANCIAL SERV | | NIAI NAME | ADDITIONAL 3 | NAME(S)/INITIAL(S) | SUFFIX | |
| 9b. INDIVIDUAL'S SURNAME | FIRST PERSO | JNAL NAME | AUDITIONAL | TOTAL CONTRACTOR | 33,7,57 | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| 10. OPTIONAL FILER REFERENCE DATA: | | | | | | |

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form $2011\text{-}010086\ KLAMATH\ COUNTY,\ OR\ 9/6/11$ 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 SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 13. Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13): Provide only one Debtor name (13a or 13b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit 13a. ORGANIZATION'S NAME BAR CL, INC. 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 14. ADDITIONAL SPACE FOR ITEM 8 (Collateral): 15. This FINANCING STATEMENT AMENDMENT: 17. Description of real estate: covers timber to be cut covers as-extracted collateral is filed as a fixture filing ALL EXC NE1/4 OF SW1/4 SEC 35 T-38S R-10E, 16. Name and address of a RECORD OWNER of real estate described in item 17 KLAMATH COUNTY, OR (if Debtor does not have a record interest): BAR CL, INC. GLENN J. LORENZ TRUST 18. MISCELLANEOUS: