2015-005401

Klamath County, Oregon



Ecc. \$47.00

UCC FINANCING STATEMENT AMENDMEN	5 I	05/27/20	15 11:09:34 AM	Fee: \$4
FOLLOW INSTRUCTIONS	-	<u> </u>		
A NAME & PHONE OF CONTACT AT FILER (optional) 402-964-8050 ASHLEY WITT				
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	1			
			ACE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		or recorded) in the REA	EMENT AMENDMENT is to be filed [for AL ESTATE RECORDS	
2010-003461 KLAMATH CO, OR	3-18-10		ddendum (Form UCC3Ad) and provide Debt	
2. TERMINATION: Effectiveness of the Financing Statement Identified about the Statement	<u>.</u>			Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected	7b, <u>and</u> address o collateral in item	if Assignee in item 7c <u>and</u> name 8	of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a	above with respec	t to the security interest(s) of S	ecured Party authorizing this Continuat	on Statement is
continued for the additional period provided by applicable law				
	ne of these three b			
Check one of these two boxes: This Change affects Debtor or Secured Party of record item	NGE name and/or 6a or 6b; and item		ame: Complete item DELETE name: 'b, <u>and</u> item 7c to be deleted in	Give record name item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Cha	inge - provide only	one name (6a or 6b)		
6a. ORGANIZATION'S NAME				
			(ABBITION AND AND AND AND AND AND AND AND AND AN	Teurery
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
MASTEN	KENNI			da Barata
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform 17a. ORGANIZATION'S NAME	nation Change - provide	only one name (7a or /b) (use exact, ful	name, do not omit, modify, or appreviate any part	of the Debtor's name)
78. Organization of thems				
OR 7b. INDIVIDUAL'S SURNAME				
1				
INDIVIDUAL'S FIRST PERSONAL NAME				
				Téliceiv
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$)	CITY		ISTATE POSTAL CODE	
	CITY		STATE POSTAL CODE	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS				COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$) 7c. MAILING ADDRESS	CITY DD collateral	DELETE collateral	STATE POSTAL CODE	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS		DELETE collateral		COUNTRY
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Also check one of these four boxes:		DELETE collateral		COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(\$)/INITIAL(\$) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Also check one of these four boxes:		DELETE collateral		COUNTRY
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7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Also check one of these four boxes:		DELETE collateral		COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Alignment of the second part of the second	DD collateral		RESTATE covered collateral	COUNTRY ASSIGN collateral
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Alion check one of these four boxes: Alion check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provided.	DD collateral	Provide only <u>one</u> name (9a or 9b	RESTATE covered collateral	COUNTRY ASSIGN collateral
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral: 9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR, check here and provided the provided of the provided	DD collateral AMENDMENT: e name of authorize	Provide only <u>one</u> name (9a or 9b	RESTATE covered collateral	COUNTRY ASSIGN collateral
7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Alignous conditional name of these four boxes: Alignous check one of these four boxes: Alignous conditions are considered by a DEBTOR, check here and provide this is an Amendment authorized by a DEBTOR, check here and provide the conditions of the condition	AMENDMENT: e name of authoriz	Provide only <u>one</u> name (9a or 9t ring Debtor	RESTATE covered collateral	COUNTRY ASSIGN collateral
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: All Indicate collateral: 9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS if this is an Amendment authorized by a DEBTOR, check here and provided the second secon	DD collateral AMENDMENT: e name of authorize	Provide only <u>one</u> name (9a or 9t ring Debtor	RESTATE covered collateral	COUNTRY ASSIGN collateral

. N	AME OF PARTY AUTHORIZING THIS AMENDMENT	: Same as item 9 on Amendme	nt torm			
1	128. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SEI	RVICES, LLC				
r						
R 1	12b. INDIVIDUAL'S SURNAME					
-	FIRST PERSONAL NAME		•••			
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPA	CE IS FOR FILING OFFICE	USE ONLY
3. N	Name of DEBTOR on related financing statement (Namone Debtor name (13a or 13b) (use exact, full name; do not or	ne of a current Debtor of record	required for index art of the Debtor's	ing purposes only in some (filing offices - see Instruction item	
	13a. ORGANIZATION'S NAME					
	13b. INDIVIDUAL'S SURNAME MASTEN	FIRST PE	RSONAL NAME	S ADD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
_	ADDITIONAL SPACE FOR ITEM 8 (Collateral):					
5. T	This FINANCING STATEMENT AMENDMENT:		17. Descrip	ion of real estate:		
5. T	This FINANCING STATEMENT AMENDMENT:	To filed on a fixture			1F TAYLOT 4 KI	AMATE
Γ	covers timber to be cut covers as-extracted collate	eral / is filed as a fixture	filing N 1/2 S	EC. 18 T-39S R-1	1E, TAX LOT 4, KL	AMATE
] 3. N	covers timber to be cut covers as-extracted collate		filing N 1/2 S		1E, TAX LOT 4, KL	AMATE
] 3. N	covers timber to be cut covers as-extracted collate. Name and address of a RECORD OWNER of real estate description of the control of the con		filing N 1/2 S	EC. 18 T-39S R-1	1E, TAX LOT 4, KL	AMATE
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM