## 2015-012222 Klamath County, Oregon



11/09/2015 09:19:20 AM

Fee: \$47.00

OLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)		1		
1-800-648-8026 MORGAN CUMMINGS				
B. E-MAIL CONTACT AT FILER (optional)				
C SEND ACKNOWLEDGMENT TO: (Name and Address)				
DIVERSIFIED FINANCIAL SERVICES, LLC	I			
14010 FNB PKWY, STE. 400				
OMAHA, NE 68154	1			
		THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
a, INITIAL FINANCING STATEMENT FILE NUMBER 2014-003113 KLAMATH CO, OR 4/9/14			MENT AMENDMENT is to be filed [for _ ESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Debto	
TERMINATION: Effectiveness of the Financing Statement identified Statement	above is terminated v			
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a	or 7b, and address o	f Assignee in item 7c <u>and</u> name	of Assignor in item 9	
For partial assignment, complete items 7 and 9 and also indicate affect	ted collateral in item t			
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	ed above with respect	to the security interest(s) of Sec	cured Party authorizing this Continuation	on Statement is
PARTY INFORMATION CHANGE:				
Check one of these two boxes:	k <u>one</u> of these three be CHANGE name and/or a	address: CompleteADD nai	me: Complete itemDELETE name:	Give record nam
This Change affects Debtor or Secured Party of record it	Change arevide only		, <u>and</u> item 7c to be deleted in i	tem ba or ob
6a. ORGANIZATION'S NAME	Change - provide only	Sile Haine (oa or oa)		
R 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	VAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
FRANK	JOHN		CARL	
CHANGED OR ADDED INFORMATION: Complete for Assignment of Party In 7a. ORGANIZATION'S NAME	formation Change - provide	only <u>one</u> name (7a or 7b) (use exact, tull r	ame; do not omit, modify, or abbreviate any part o	TINE DEDIOTS NAME)
7b. INDIVIDUAL'S SURNAME				
76. HYDIVIDUALS SUNIAME				
7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME				
76. HYDIVIDUALS SUNIAME				SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	CITY		STATE POSTAL CODE	SUFFIX
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS				COUNTRY
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  c. MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four boxes:	CITY	DELETE collateral		COUNTRY
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS		DELETE collateral		COUNTRY
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  IC. MAILING ADDRESS  I. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collateral		COUNTRY
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INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS  B. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral		RESTATE covered collateral	COUNTRY ASSIGN collaters
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD collateral	Provide only <u>one</u> name (9a or 9b)	RESTATE covered collateral	COUNTRY ASSIGN collatera
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  C. MAILING ADDRESS  B. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  O. NAME OF SECURED PARTY OF RECORD AUTHORIZING THE If this is an Amendment authorized by a DEBTOR, check here and profige.	ADD collateral  IS AMENDMENT:  ovide name of authoriz	Provide only <u>one</u> name (9a or 9b)	RESTATE covered collateral	COUNTRY ASSIGN collatera
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  9. NAME of SECURED PARTY of RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here and pro  9a. ORGANIZATION'S NAME  DIVERSIFIED FINANCIAL SERVICE	ADD collateral  IIS AMENDMENT: vide name of authoriz  CS, LLC	Provide only <u>one</u> name (9a or 9b) ng Debtor	RESTATE covered collateral	COUNTRY  ASSIGN collatera
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  7c. MAILING ADDRESS  8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  9. NAME of SECURED PARTY of RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here and pro  9a. ORGANIZATION'S NAME	ADD collateral  IS AMENDMENT:  ovide name of authoriz	Provide only <u>one</u> name (9a or 9b) ng Debtor	RESTATE covered collateral	COUNTRY ASSIGN collatera

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM **FOLLOW INSTRUCTIONS** 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form 2014-003113 KLAMATH CO, OR 4/9/14 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 ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME **ANN**

CONSTANCE

14. ADDITIONAL SPACE FOR ITEM 8 (Collateral):

15, This FINANCING STATEMENT AMENDMENT:

FRANK

covers timber to be cut covers as-extracted collateral  is filed as a fixture filing	NW1/4NW1/4 SEC 8 T40S R10E, TAX LOT #800,	
16, Name and address of a RECORD OWNER of real estate described in item 17	KLAMATH CO, OR	
(if Debtor does not have a record interest):		
JOHN FRANK		
CONSTANCE FRANK		
AND STANTONES		

17, Description of real estate: