2016-005358

Klamath County, Oregon

05/20/2016 02:33:57 PM

Fee: \$47.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		1			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com		1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		1			
116365347 - 356290					
Corporation Service Company					
801 Adlai Stevenson Drive					
Springfield, IL 62703 Filed	In: Oregon				
∟	(Klamath)	THE ABOVE SPA	ACE IS EO	R FILING OFFICE USE	ONI V
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2011-005756 05/10/2011		1b. This FINANCING STATE (or recorded) in the REA	MENT AME	ENDMENT is to be filed [for	
2. TERMINATION: Effectiveness of the Financing Statement identified above	/e is terminated v	Filer: attach Amendment Ad	ddendum (Fo	m UCC3Ad) and provide Debto	
Statement					
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected of			of Assignor	in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law	pove with respect	to the security interest(s) of Se	cured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND Check one	e of these three b				
			me: Comple o, <u>and</u> item 7		Give record name tem 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Charles Ga. ORGANIZATION'S NAME	ige - provide only	one name (6a or 6b)			
OR OLIVERY OR OLIVERY F					
66. INDIVIDUAL'S SURNAME MASTEN	KENNET		ADDITIO D	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information			name: do not or	nit modify or abbreviate any part o	f the Debtor's name)
7a. ORGANIZATION'S NAME	ion onlinge provide	Silly die rialite (74 or 15) (and exact, fair i	iumo, do not o	mit, modify, or abbreviate any part of	The Bestor s Hame)
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX					
INDIVIDUAL ON DEFINITION C. IVIII LE (O)					001717
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
a COLLATERAL CHANCE, III I I I I I I I I I I I I I I I I I	S B - 4 1	BELETE WHAT D	DECTATE		001011 11-11
	O collateral	DELETE collateral	RESTATE	overed collateral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AI	MENDMENT: F	rovide only one name (9a or 9h)	(name of As	signor if this is an Assignme	ent)
	name of authorizi		(,
9a. ORGANIZATION'S NAME Diversified Financial Services, L	LC				
OR 9b. INDIVIDUAL'S SURNAME	TEIDET DEDOOR	IAI NAME	ADDITIO	NAL NAME/QV/MITIAL/QV	Teneriy
an' IMPIAIDANE 2 20KINAIME	FIRST PERSON	IAL NAIVIE	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: MASTEN, KEN	INETH D &	CONNIE S-166769-	002		11626524

116365347

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS 11. INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form $2011\text{-}005756\ 05/10/2011$ 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form 12a. ORGANIZATION'S NAME Diversified Financial Services, LLC 12b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 OR 13b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MASTEN **CONNIE** 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	N/2 NW/4 SEC 18 T-39S R-11E, TAX LOTS 400-300,
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):	, ,
KENNETH MASTEN	
CONNIE MASTEN	

18. MISCELLANEOUS: