

BOOK 359 PAGE 235
OFFICE NUMBER

Diversified Financial Services
03 MAR 13 PM 2 50

FILED
181367
REC'D
RECORDED
FEE \$ 20.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (if one and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
MELISSA DAVIS 1-800-648-8026

B. SEND ACKNOWLEDGMENT TO (Name and Address)

DIVERSIFIED FINANCIAL SERVICES, LLC
14010 FNB PKWY, STE 205
OMAHA NE 68154

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE #
BK 337 PG 41 175166 EUREKA CO., NV 09/22/00

1b THIS FINANCING STATEMENT AMENDMENT IS TO BE FILED (FOR RECORD) OR RECORDED IN THE REAL ESTATE RECORDS

2 TERMINATION Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3 CONTINUATION Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4 ASSIGNMENT (full or partial) Give name of assignee in item 7a or 7b and address of assignee in item 7c and also give name of assignor in item 9.

5 AMENDMENT (PARTY INFORMATION) This Amendment affects Debtor Secured Party of record. (Check only one of these two boxes.)

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7:

CHANGE name and/or address. Give current record name in item 6a or 6b also give new name (if name changed in item 7a or 7b and/or new address (if address changed) in item 7c.

DELETE name. Give record name to be deleted in item 6a or 6b.

ADD name. Complete item 7a or 7b and also item 7c. Also complete items 7d, 7e (if applicable).

6 CURRENT RECORD INFORMATION

6a ORGANIZATION'S NAME

OR

6b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7 CHANGED (NEW) OR ADDED INFORMATION

7a ORGANIZATION'S NAME

OR

7b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d TAX ID #	SSAN OR EIN	ADDL INFO RE ORGANIZATION DEBTOR	7e TYPE OF ORGANIZATION	7f JURISDICTION OF ORGANIZATION	7g ORGANIZATIONAL ID # if any
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8 AMENDMENT (COLLATERAL CHANGE) Check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor if this is an Assignment) If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor or if this is a Termination authorized by a Debtor check here and enter name of DEBTOR authorizing this Amendment.

9a ORGANIZATION'S NAME
DIVERSIFIED FINANCIAL SERVICES LLC

OR

9b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10 OPTIONAL FILER REFERENCE DATA
RICHARD E. KEPHART 9 3928503

357 235

Revised Financing Statement

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11 IN THE FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

BK 37 PG 41 175166 EUREKA CO NV 09/22/00

12 NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 8 on Amendment form)

ORGANIZATION'S NAME
DIVERSIFIED FINANCIAL SERVICES LLC

OR

12) INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
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13 Use this space for additional information

DEBTOR(S) RICHARD E. KEPHART

RECORDER OWNER(S) RICHARD E. KEPHART & MARI KEPHART

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LEG 1 DESC NW 1/4 SEC 24, TOWNSHIP 21 RANGE 53E, EUREKA CO, NV

3012000

20th



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