	DOC	00C # 0227915			
	10/13/2014 8:38 AM  Official Record  Recording requested By				
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	Т	Eurel	ka Cou	nty - NV - Recorder	•
A. NAME & PHONE OF CONTACT AT FILER (optional) 1-800-648-8026 MORGAN CUMMINGS	· · · · · · · · · · · · · · · · · · ·	Fee: RPTT:		Page 1 of 2 Recorded By:	
B. E-MAIL CONTACT AT FILER (optional)		Book - 572		\ \	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FNB PKWY, STE. 400	7	0227915			
OMAHA, NE 68154		THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 0211314 BK 467 PG 192 EUREKA CO, NV 12	2/10/07	This FINANCING STATE (or recorded) in the REA	MENT AME	NDMENT is to be filed [for	record)
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement	re is terminated wit	h respect to the security intere	est(s) of Sec	cured Party authorizing this	Termination
3. 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 complete.		Assignee in item 7c and name	of Assignor	in Item 9	
CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect to	the security interest(s) of Se	cured Party	authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:  AND Check one	of these three box	es to:		<del></del>	-
CHAN	IGE name and/or add	dress: CompleteADD na	me: Comple	te itemDELETE name;	Give record name
	a or 6b; and item 7a		and item 7	to be deleted in a	tem ba or bo
CURRENT RECORD INFORMATION: Complete for Party Information Changes     Ga. ORGANIZATION'S NAME	ge - pravide only an	e name (da or 6b)	h	<u></u> .	
OR 66. INDIVIDUAL'S SURNAME NEWTON	FIRST PERSONA <b>DEBRA</b>	L'NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
<ol> <li>CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information.</li> <li>ORGANIZATION'S NAME</li> </ol>	ron Change - provide onl	y <u>ons</u> name (7a or 7b) (use exact, full n	ame, do not or	nil, modify, or abbreviate any part o	(the Debtor's name)
OR 7b, INDIVIDUAC'S SURNAME		<del>\                                    </del>			
INDIVIDUAL'S FIRST PERSONAL NAME		/ /			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	) collateral	DELETE collateral	RESTATE C	overed collateral A	SSIGN collateral
Indicate collateral:					,
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN If this is an Amendment authorized by a DEBTOR, check here  and provide n [9a_ORGANIZATION'S NAME]	MENDMENT: Pro name of authorizing		name of Ass	signor, if this is an Assignme	nl)
93.,ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, LLC AS SUCCESSOR	BY MERGER .	O IRRIGATION FINAN	CE SOLU	TIONS, LLC	
OR 96. INDIVIDUAL'S SURNAME	FIRST PERSONAL			VAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:	<del></del>			<del></del>	

RA	VAL NAME		L.	3) SOFFIA	
IKA			La	1	<b>-</b>
					10/13/2014 Page: 2 of 2
filing	17. Description of SECTION COUNTY,	17, TOWN	SHIP 21, RANGE 54,	UREKA	<b>        0227915</b> Book:572
)END	Intern UM (Form UCC	ational Asso 3Ad) (Rev. 0	ciation of Commercial Adm 4/20/11)	inistrators (IACA	
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