

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) carefully

A. NAME & PHONE OF CONTACT AT FILER (optional)	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	<del></del>
MetLife Insurance Company of Connecticut f/k/a The Travelers Insurance Company	
6750 Poplar Avenue, Suite 109	
Memphis, Tennessee 38138 Attention: AgriFinance Department	

	6750 Poplar Memphis, To	Avenue, S ennessee			THE ABC	VE SPAC	E IS FOR FILING O	FFICE USE	EONLY	
1a. II	NITIAL FINANCING STA	ATEMENT FILE #				1b.	This FINANCING	STATEMEN	T AMENDMENT is	
	2700-36788 (Pro	obate Offic	e of Shelby County,	AL); continued u	nder file # 2005	5- 🗵	to be filed (for reco		raea) in the	
2. 🛘	TERMINATION: Effec	ctiveness of the Fir	nancing Statement identified above	e is terminated with respect	to security interest(s) of	the Secure	d Party authorizing this	s Terminatio	n Statement.	
	CONTINUATION: Effe nued for the additional p		inancing Statement identified aborapplicable law.	ve is terminated with respec	t to security interest(s) of	f the Secure	ed Party authorizing th	is Continuat	ion Statement. Is	
4. 🗆	ASSIGNMENT (full or	partial): Give name	e of assignee in item 7a or 7b and	address of assignee in item	7c; and also give name	of assignor	r in item 9.		·	
5. Aħ	MENDMENT (PARTY IN	IFORMATION): Th	is amendment affects   Debtor	or Secured Party of red	cord. Check only <u>one</u> of	these two b	ooxes.			
			d provide appropriate information							
			irrent record name in item 6a or 6l and/or new address (if address ch		LETE name: Give record to deleted in item 6a or 6	-	ADD name: Comp item 7c; also comp		or 7b and also d-7g (if applicable).	
6. C	URRENT RECORD INF	ORMATION								
	6a. ORGANIZATION'S NAME									
OR	Cahaba Fore		<del></del>	T					T	
	6b. INDIVIDUAL'S LA	AST NAME		FIRST NAME		MIDDLE	NAME		SUFFIX	
7. C	HANGED (NEW) OR AI	DDED INFORMAT	ION		<u></u>					
	7a. ORGANIZATION'	'S NAME				· · · · · · · · · · · · · · · · · · ·				
OR										
7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME			SUFFIX		
7c. MAILING ADDRESS				CITY		STATE	ATE POSTAL CODE COUNTRY		Υ	
c/o Hancock Timber Resource Group				Boston		MA 02110- USA		USA		
99 High Street, 26 <sup>th</sup> Floor				D03(0)1	2320				· <u>·····</u>	
7d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION				7f. JURISDICTION OF C	7g. ORG/	ANIZATIONAL ID #, if	any			
		DEBTOR	Limited liability	Delaware						
			company						☐ NONE	
	MENDMENT (COLLATE		heck only <u>one</u> box ded, or give entire $\square$ restated	l collateral description o	r describe collateral i	□ assigna	ad			
Des	Cilbe Collateral Es de	CICLEU OI LI AUC	acu, or give critic La restateu	i conateral description, c	n describe conaterar i	ப assigne	5a.			
Thi	is is a PARTIA	L RELEAS	E, which pertains or	nly to the tracts o	f land describe	d on <u>E</u>	<u>xhibit A</u> attacl	hed her	eto.	
	dds collateral or adds th	e authorizing Debt	UTHORIZING THIS AMENDMENtor, or if this is a Termination author		-		•		nich	
9a. ORGANIZATION'S NAME										
OR	MetLife Insurance Company of Connecticut f/k/a T		<del></del>		<del></del>			<del></del>		
	9b. INDIVIDUAL'S LA	STNAME		FIRST NAME		MIDDLE	NAME		SUFFIX	
10. C	PTIONAL FILER REFE	RENCE DATA								

20060926000478400 2/2 \$28.00 Shelby Cnty Judge of Probate, AL 09/26/2006 02:18:58PM FILED/CERT

## EXHIBIT A Legal Description of Proposed Sale Land

## Compartment Number CB 6063, 6062 Part & 6061 Part

Township 21 South, Range 4 West, Shelby County, Alabama

Section 19: The Southwest Quarter of the Southwest Quarter (SW1/4 of SW1/4);

The Southeast Quarter of the Southwest Quarter (SE1/4 of SW1/4).

Township 21 South, Range 5 West, Shelby County, Alabama

Section 25: The Northeast Quarter of the Northeast Quarter (NE1/4 of NE1/4).