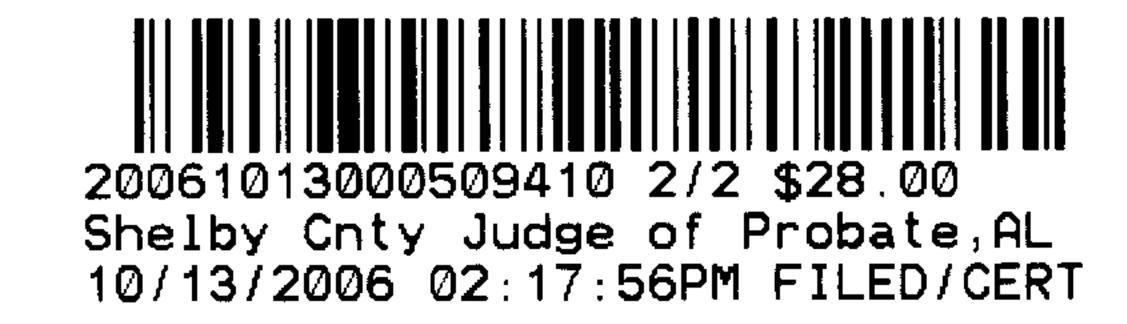
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	2:17:56PM FILED/CER	7 7

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)
MetLife Insurance Company of Connecticut
f/k/a The Travelers Insurance Company
6750 Poplar Avenue, Suite 109
Memphis, Tennessee 38138
Attention: AgriFinance Department

	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY						
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT AMENDMENT is					
#2000-36788 (Probate Office of Shelby County,	AL); continued u	to be filed (for record) (or recorded) in the Inder file # 2005.					
0427000200670							
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 is terminated 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 or Debtor or Decured 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 ☐ DELETE name: Give record name ☐ ADD name: Complete item 7a or 7b and also name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. to be deleted in item 6a or 6b item 7c; also complete items 7d-7g (if applicable).							
6. CURRENT RECORD INFORMATION							
6a. ORGANIZATION'S NAME							
or Cahaba Forests, LLC							
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	ENAME	SUFFIX			
7. CHANGED (NEW) OR ADDED INFORMATION		· · · · · · · · · · · · · · · · · · ·					
7a. ORGANIZATION'S NAME			<u> </u>				
OR							
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDL	MIDDLE NAME SUFFIX				
7c. MAILING ADDRESS	CITY	STATE	STATE POSTAL CODE COUNTRY				
c/o Hancock Timber Resource Group	Dooton	RAA	02110-				
99 High Street, 26 th Floor	Boston	MA	2320	USA			
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF O	ORGANIZATION 7g. ORGANIZATIONAL ID #, if any					
DEBTOR Limited liability	Delaware						
company				☐ NONE			
8. AMENDMENT (COLLATERAL CHANGE): check only one box							
Describe collateral 🗵 deleted or 🛘 added, or give entire 🗖 restate	d collateral description, o	r describe collateral □ assig	ned.				
This is a PARTIAL RELEASE, which pertains o	nly to the tracts of	fland described on	Exhibit A attac	hed hereto.			
		······································					
 NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor. 							
9a. ORGANIZATION'S NAME	lonzed by a Deblor, Check ne	re La and enter hame of DEBTO	R authorizing this Amer	nament.			
OR MetLife Insurance Company of Connecticut f/k/a The Travelers Insurance Company, in its capacity as Collateral Agent							
9b. INDIVIDUAL'S LAST NAME	FIRST NAME		E NAME	SUFFIX			
10. OPTIONAL FILER REFERENCE DATA							



Legal Description Parcel D

Township 19 South, Range 1 East, Shelby County, Alabama

Section 4: The Southeast Quarter of the Southeast Quarter (SE1/4 of SE1/4).

Section 9: The Entire Section

Section 16: The Entire Section.