

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: Timber Department	

	6750 Poplar Memphis, T	•									
	Attention: Timber Department										
1a. II	1a. INITIAL FINANCING STATEMENT FILE # 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the										
	000-36788 (Pr 27000200670	obate Offic	e of Shelby County,	AL); continued u	nder file # 2008	5- 🗵	REAL ESTATE RE	r 1	ueu) iii iiie		
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.											
	CONTINUATION: Effe		inancing Statement identified above applicable law.	ve is terminated with respec	t to security interest(s) o	f the Secur	ed Party authorizing th	is Continuat	ion Statement. Is		
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 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 Fore	ests, LLC		<u> </u>					<u></u>		
6b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME			SUFFIX			
7. CHANGED (NEW) OR ADDED INFORMATION											
	7a. ORGANIZATION'	S NAME									
OR											
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME			SUFFIX				
	141110 100000000			OLTD/		OTATE	DOCTAL CODE	T COUNTD			
7c. MAILING ADDRESS				CITY		STATE					
c/o Hancock Timber Resource Group 99 High Street, 26 th Floor				Boston		MA 02110- 2320 USA					
7d. T	AX ID #: SSN OR EIN		7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF O	RGANIZATION	7g. ORG	ANIZATIONAL ID#, if	any			
ORGANIZATION DEBTOR Limited liability				Delaware							
			company						☐ NONE		
i	MENDMENT (COLLATE	•	· —								
Des	cribe collateral 🗵 de	eleted or 🔲 add	ded, or give entire 🛚 restated	collateral description, o	r describe collateral	□ assign	ed.				
This is a PARTIAL RELEASE, which pertains only to the tracts of land described on Exhibit A attached hereto.											
			OTHORIZING THIS AMENDMENT tor, or if this is a Termination author.				-		nich		
	9a. ORGANIZATION'		,								
OR	Metlife Insurance Company of Connecticut f/k/a The Travelers Insurance Company, in its capacity as Collateral										
OR Agent 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME								·	SUFFIX		
	PO. IIŅOIVIDUAL 3 LA	O I IVAIVIE		THE PROPERTY.		141100FC	4 7 3 1 3 1 4 1				
10. OPTIONAL FILER REFERENCE DATA											
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FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/98)

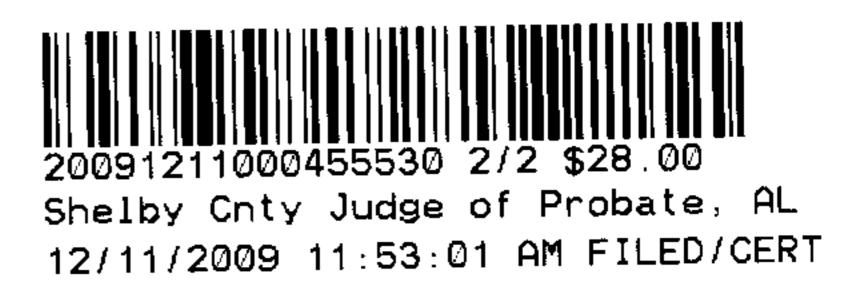


EXHIBIT A Legal Description of Proposed Sale Land

Compartment Number CB 6058

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

Section 13: The West One-Half of the Northwest Quarter (W1/2 of NW1/4).

Section 14: The East One-Half of the Northeast Quarter (E1/2 of NE1/4).