UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER (optional) B. SEND ACKNOWLEDGEMENT TO: (Name and Address) METROPOLITAN LIFE INSURANCE COMPANY AGRICULTURAL INVESTMENTS 5445 DTC PARKWAY, SUITE 920	State Reco Vol 1	Vol M03 Page c of Oregon, County of rided 09/08/03 / 1/22 M03 Pg 6/2 / 1/4 - / 2 Smith, County Clerk 3 1 0 # of Pgs 5 0 0 P	2 <u>a</u> m
GREENWOOD VILLAGE CO 80111			
12. INITIAL FINANCING STATEMENT FILE #		PACE IS FOR FILING OFFICE U	
Vol M93 Pg 35268 #MTC 1396-6789 No 73654	filed 12/30/93	to be filed [for record] (or rec REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above in	e terminated with respect to security interest(s) o		rednetten Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above for the additional period provided by applicable law.			
4. ASSIGNIMENT: (full or perfiel): Give name of seeignee in item 7s or 7b and	address of assignes in liam 7a; and size give na	me of assignor in Item 9.	
 AMENDMENT (PARTY INFORMATION): This Amendment effects Debts Also check one of the following three issues and provide appropriate information in its 	or or Becured Party of record. Check in 6 and/or 7.	only <u>one</u> of these two boxes.	
CHANGE name and/or address: Obe wavent record name in item the or th; also name (if name chalogs) in item 7s or 7b and/or now address (if address strange) in item.	o give new DELETE INSIME: Give mecon on 7c. to be deleted in licensis or 6b.	ADD name: Complete in 74; sino complete liene 76	less 7s or7h, and also less
CURRENT RECORD INFORMATION: Go. ORGANIZATION'S NAME		/4, and company and /4	(in adjaceme).
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
OR 75. INDIVIDUAL'S LAST NAME			
	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d. ADDL INFO RE 7e. TYPE OF ORGANIZATION DRGANIZATION	71. JURISDICTION OF ORGANIZATIO	N 7g. ORGANIZATIONAL ID I	l, If arty
8. AMENDIMENT (COLLATERAL CHANGE): check only goe box.		<u> </u>	NONE
Describe colleteral Colleteral or colleteral describe colleteral describe colleteral describe colleteral described colleteral described or SECURED PARTY OF RECORD AUTHORIZING THIS AMENDA colleteral or adds fire sufficielly Debtor, or Fibile is a Termination authorized by a Debtor, other 9s. ORGANIZATION'S NAME Metropolitan Life Insurance Company DB. NDDVDUAL'S LAST NAME	MENT (manue of assignor, if this is an Assignment). It here □ and enter name of DESTOR authorizing	this Amendment.	
	FIRST NAME	MIDDLE NAME	SUFFIX
	/sk Klamath (
104 FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT A	MENDMENT (FORM UCCS) (REV. 8/02))	

FOL	LOW INSTRUCTIONS (front and bad	k) CAREFULLY	NDMENT ADDENDUM		
<u>V</u>	INITIAL FINANCING STATEMENT of M93.Pg 35268 #MTC 13	96-6789 No 7	em 1a on Amendment form) 3654 filled 12/30/93		
12.1	12. NAME OF PARTY AUTHORIZING THIS AMENDMENT tests as list 2 or Amendment form) 12a. ORGANIZATION'S NAME				
OR	Metropolitan Life Insuran 126. NOVIDUAL'S LAST NAME		MIDDLE NAME, SUFFIX		
13.	MISCELLANEOUS:				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

EXHIBIT A TO FINANCING STATEMENT (Trust)

Grazing Leases and Permits

All grazing leases, permits, allotments and privileges covering state or federal lands used or operated in connection with the real property described as Section 21, T32S, R14E, W.M., Lake County, Oregon, together with all renewals thereof and all improvements thereon (the "Permits") and any such Permits acquired in the future, including but not limited to, the Permits described below:

USFS Term Grazing Permit No. 02 804 211, covering the following allotments:

USFS Foster Butte Allotment (1067 AUMs)
USFS Sycan (Winema) Allotment (300 AUMs)
USFS Long Creek Allotment (324 AUMs)