Klamath County, Oregon This instrument prepared by and after recording return to: Michael J. Rygg U.S. BANK N.A. COLLATERAL DEPARTMENT 10/15/2008 08:16:41 AM Fee: \$46.00 P. O. BOX 5308 PORTLAND, OR 97228-5308 0013608128 AMENDMENT TO OREGON TRUST DEED This Amendment to Deed of Trust (the "Amendment"), is made and entered into by Gallica Four/KF-24, LLC (collectively the "Grantor", (the "Beneficiary") as of the date set forth below. and U.S. BANK N.A. **RECITALS** A. The Grantor (or the Grantor's predecessor in interest, if different from the undersigned Grantor) executed a Trust Deed (the "Deed of Trust"), dated FEBRUARY 28, 2006 . The "Land" (defined in the Deed of Trust) subject to the Deed of Trust is described as follows (or in Exhibit A hereto if the description does not appear below): See Attached Exhibit A Real Property Tax I.D. No. 3909-011BD-00800-000 3909-011AC-04100-000; 3909-011DB-00100-000 B. The Deed of Trust was recorded in the office of the County Clerk for Klamath , or as Docume**M0€**o-05001 MARCH 21, 2006 , in Book , Page C. The Grantor has requested that the Beneficiary permit certain modifications to the Deed of Trust as described below. D. The Beneficiary has agreed to such modifications, but only upon the terms and conditions outlined in this Amendment. **TERMS OF AGREEMENT** In consideration of the recitals and mutual covenants contained herein, and for other good and valuable consideration, the Grantor and the Beneficiary agree as follows: 1. Change in Note/Deed of Trust Amount. If checked here, the phrase in the Deed of Trust "a note or notes dated N/A in the initial principal amount(s) of N/A " is hereby amended and replaced with the phrase "note(s) dated or amended as of \_\_\_\_\_\_N/A in the principal amount(s) of \$ N/A

2008-014098

3501OR ©us bancorp 2001

В1

Page 1 of 3

10/03

| the Deed of Trust is hereby amended to FEBRUARY 1,                                                         | 2009                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. AdditionalTerms.                                                                                        |                                                                                                                                                     |
|                                                                                                            |                                                                                                                                                     |
|                                                                                                            |                                                                                                                                                     |
|                                                                                                            |                                                                                                                                                     |
|                                                                                                            |                                                                                                                                                     |
|                                                                                                            |                                                                                                                                                     |
|                                                                                                            |                                                                                                                                                     |
|                                                                                                            |                                                                                                                                                     |
|                                                                                                            | all fees and expenses (including attorneys' fees) in connection with the                                                                            |
| preparation, execution and recording of this Amendment.                                                    | as provided in this Amendment, all terms and conditions contained in the                                                                            |
| Deed of Trust remain in full force and effect in accordance                                                | with their terms, including any reference in the Deed of Trust to future credit                                                                     |
| secured by the Deed of Trust; and nothing herein will a                                                    | affect the priority of the Deed of Trust. All warranties and representations                                                                        |
| contained in the Deed of Trust are hereby reconfirmed a                                                    | as of the date hereof. All collateral previously provided to secure the Note obligations under the Note remain in full force and effect. This is an |
| amendment, not a novation.                                                                                 | Congations under the Prote Termain in Tall Tortee and Greek. This is an                                                                             |
| 6. No Waiver of Defaults; Warranties. This A                                                               | mendment shall not be construed as or be deemed to be a waiver by the                                                                               |
|                                                                                                            | own or undiscovered. All agreements, representations and warranties made                                                                            |
| herein shall survive the execution of this Amendment.  7. Counterparts. This Amendment may be significant. | gned in any number of counterparts, each of which will be considered an                                                                             |
| original, but when taken together will constitute one docu                                                 | ment.                                                                                                                                               |
| 8. Authorization. The Grantor represents and w                                                             | rarrants that the execution, delivery and performance of this Amendment and                                                                         |
| the documents referenced to herein are within the organized by all necessary organizational action.        | ational powers (as applicable) of the Grantor and have been duly authorized                                                                         |
| •                                                                                                          |                                                                                                                                                     |
|                                                                                                            | OF THIS AGREEMENTSHOULD BE READ CAREFULLYBECAUSE ONLY<br>ERATION AND SIGNED BY THE PARTIES ARE ENFORCEABLE. NO                                      |
|                                                                                                            | ED IN THIS WRITTEN CONTRACT MAY BE LEGALLYENFORCED. THE                                                                                             |
| TERMS OF THIS AGREEMENT MAY ONLY BE CHANG                                                                  | GED BY ANOTHER WRITTEN AGREEMENT.                                                                                                                   |
| IN WITNESSWHEREOF, the undersigned has/h                                                                   | ave executed this AMENDMENT as of                                                                                                                   |
|                                                                                                            | Gallica Four/KF-24, LLC                                                                                                                             |
| (Individual Grantor)                                                                                       | Grantor Name (Organization)                                                                                                                         |
|                                                                                                            | a Washington Limited Liability company                                                                                                              |
| N/2                                                                                                        | Ву                                                                                                                                                  |
| Printed NameN/A                                                                                            | See Signature Addendum                                                                                                                              |
| (Individual Grantor)                                                                                       | Name and Title                                                                                                                                      |
| (marriada entrary)                                                                                         | By                                                                                                                                                  |
|                                                                                                            | Name and Title                                                                                                                                      |
| Printed NameN/A                                                                                            |                                                                                                                                                     |
|                                                                                                            |                                                                                                                                                     |
| U.S. BANK N.A. Beneficiary (Bank)                                                                          |                                                                                                                                                     |
|                                                                                                            |                                                                                                                                                     |
| By:                                                                                                        |                                                                                                                                                     |
| Name and Title: Michael J. Rygg                                                                            |                                                                                                                                                     |
| Name and Title: <u>Michael J. Rygg</u><br>Vice President                                                   |                                                                                                                                                     |

2. 🗵 Change in Maturity Date. If checked here, the maturity date of the latest of the Obligations to mature, secured by

[NOTARIZATIONS ON NEXT PAGE]

## **GRANTOR NOTARIZATION**

| STATE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| COUNTY OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |
| This instrument was acknowledged before me on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | , by <u>See Signature Addendum</u> (Date) (Name(s) of person(s))       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |
| AS(Type of authority, if any, e.g.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | , officer, trustee; if an individual, state "an individual")           |
| of Gallica Four/KF-24, LLC (Name of entity on whose beh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | alf the document was executed; use N/A if individual)                  |
| and that, as such officer, being authorized so to do, executed this ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | trument for the purposes therein contained.                            |
| (Notarial Seal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Printed Name:                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title (and Rank):                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | My CONTINISSION EXPIRES.                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Y (BANK) NOTARIZATION                                                  |
| STATE OF DYCHON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |
| Deachuter ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |
| COUNTY OF VENCTION (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |
| STATE OF OYEGON  COUNTY OF DESCHIEG September 1981  This instrument was acknowledged before me on September 1981  September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before me on September 1981  This instrument was acknowledged before was acknowledged by the country was acknowledged by the country was acknowledged by the country was | $(\gamma 27, \lambda 009)$ , by Michael J. Rygg (Name(s) of person(s)) |
| as Vice President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                        |
| (Type of authority, if any, e.g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , officer, trustee; if an individual, state "an individual" )          |
| of U.S. BANK N.A. (Name of entity on whose bet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nalf the document was executed; use N/A if individual)                 |
| and that, as such officer, being authorized so to do, executed this ins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | strument for the purposes therein contained.                           |
| (Notarial Seal)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Annu M. Rats                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Printed Name: Annie M. Platz                                           |
| OFFICIAL SEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Title (and Rank): Notanz Public                                        |
| OFFICIAL SEAL ANNIE M PLATZ NOTARY PUBLIC-OREGON COMMISSION NO. 420148 MY COMMISSION EXPIRES AUG. 9, 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | My commission expires: AUDUST9, 2011                                   |
| COMMISSION NO. 420148 MY COMMISSION EXPIRES AUG. 9, 2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |

## NAME and SIGNATURE ADDENDUM

This Addendum is made a part of the Amendment to Oregon Trust Deed made and entered into by and between the undersigned Borrower and the Bank as of the date identified below.

Date: September 1, 2008

BORROWER: Gallica Four/KF-24, a(an) Washington Limited Liability

Company, Managing Member

The S & HyGroup, Inc., a Washington Corporation

Name & Title:

## ACKNOWLEDGMENT

| State of Oregon                                                                                           |                                                                              |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| ) ss                                                                                                      |                                                                              |
| County of <u>Deschutes</u> )                                                                              |                                                                              |
| This instrument was acknowledged before me on 2                                                           | September 22, 2008 by David W. Sturdevant (Name(s) of person(s))             |
| as Vice President of The S & H Group, Inc                                                                 | as Member                                                                    |
|                                                                                                           | tcc; if an individual, state "a married individual" or "a single individual" |
| of <u>Gallica Four/KF-24, LLC</u>                                                                         | behalf the document was executed; use N/A if individual                      |
| (Notarial Seal)                                                                                           | Anni M. Ratz                                                                 |
|                                                                                                           | Printed Name: Annie M. Platz                                                 |
|                                                                                                           | Title (and Rank): Notary Public                                              |
| OFFICIAL SEAL ANNIE M PLATZ NOTARY PUBLIC-OREGON COMMISSION NO. 420148 MY COMMISSION EXPIRES AUG. 9, 2011 | My commission expires: August 9, 2011                                        |

# EXHIBIT A TO AMENDMENT TO DEED OF TRUST (Legal Description)

Grantor/Trustor: Gallica Four/KF-24, LLC

Trustee: U.S. Bank Trust Company, N.A.

Beneficiary: U.S. Bank N.A.

Legal Description of Land:

Klamath Falls, OR 97601 more fully described as follows:

### PARCEL 1:

Lot 8 in Block 3 of CASCADE PARK, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

#### PARCEL 2:

The N 1/2 N 1/2 NW 1/4 SE 1/4 SW 1/4 NE 1/4, Section 11, Township 39 South, Range 9 East of the Williamette Meridian, Klamath County, Oregon, lying South and West of the U.S.R.S. Main Irrigation Canal and lying East of the U.S.B.R. A-2 1/2 Lateral. EXCEPTING THEREFROM that part of the above described tract lying within Homedale Road.