UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Susanne Derrer / (susanne von münsterlingen) +417	64751116	Date of F
B. E-MAIL CONTACT AT FILER (optional) susannederrer@yahoo.de		Time of I File Num
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Lapse Da
Susanne Derrer / (susanne von münsterlingen) +41764751116 SUSANNE BARBARA DERRER		
Industriestrass 1 c/o Haus am See [2b]		
Weesen Pfäffikon CH [8872] [8808]		THE AI
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full r name will not fit in line 1b, leave all of item 1 blank, check here and provide t		modify, or abbreviate or information in item
1a. ORGANIZATION'S NAME The One Peoples Public Trust 1776		
	FIRST PERSONA	NAME

'iling: 12/09/2016 Filing : 10:16:00 AM ber : 2016-344-0541-8 te : 12/09/2021

BOVE SPACE IS FOR FILING OFFICE USE ONLY

any part of the Debtor's name); if any part of the Individual Debtor's 10 of the Financing Statement Addendum (Form UCC1Ad)

OR	L L				
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
				(12); (0); (11); (2(0))	001111
1c. I	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
F 1			***	00225	TICLA
- 51	13 25TH AVE NW	Gig Harbor	WA	98335	USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🕅 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

	2a.	ORGANIZATION'S	NAME
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OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME

OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	von Münsterlingen	sussane	v.d.Fam	. d e r r e r, a.d.H. d e r r	e r
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
c/	o Industriestrasse [1]	Pfäffikon		[8808]	CH

4. COLLATERAL: This financing statement covers the following collateral:

\$10,000,000,000 (\$10 BILLION) AS HELD IN PUBLIC TRUST BY THE ONE **PEOPLES PUBLIC TRUST 1776 SEE FILED DOCUMENTS:** UILO Doc. No. 2012127914/ WA DC UCC File No. 2012088865/ WA DC File No. 2012113593/ WA DC UCC File No. 2012079290/ WA DC UCC File No. 2012079322/ WA UCC Doc. No. 2012-296-1209-2/ WA UCC Doc. No. 2000043135/ WA DC UCC File

No. 2012128324/ UCC File No. 201229612092

**All these REGISTRATIONS, are lawfully and legally binding on any and

5. Check only if applicable and check only one box: Collateral is 🖌 held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

UCC FINANCING STATEMENT ADDENDUM

FOI	LLOW INSTRUCTIONS		
	VAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b wa because Individual Debtor name did not fit, check here	s left blank	Date of Filing : 12/09/2016
	9a. ORGANIZATION'S NAME The One Peoples Public Trust 1776		 Time of Filing : 10:16:00 AM File Number : 2016-344-0541-8 Lapse Date : 12/09/2021
OR	9b. INDIVIDUAL'S SURNAME		-
	FIRST PERSONAL NAME		_
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-
10.	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or Debtor na do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing addr		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY t in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name;
OR	10a. ORGANIZATION'S NAME		
OK	10b. INDIVIDUAL'S SURNAME		
	INDIVIDUAL'S FIRST PERSONAL NAME		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX

	von Münsterlingen	susanne	v.d.Fam.	derrer, a.d.H. derrer	
UR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
OR	11a. ORGANIZATION'S NAME				
11.		OR SECURED PARTY'S NAME: Provide of	nly <u>one</u> na	me (11a or 11b)	
10c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

	The INDIVIDUAL'S GUILIANIE		ADDITIO		
	von Münsterlingen	s u s a n n e	v.d.Fam	. d e r r e r, a.d.H. d e r r e r	
11c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
C/	/o Haus am See [2b]	Weesen		[8872]	СН
10					

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEMENT:
REAL ESTATE RECORDS (if applicable)	covers timber to be cut covers as-extracted collateral is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate:
17 MISCELLANEOUS:	

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on F because Individual Debtor name did not fit, check here		Date of Filing : Time of Filing : File Number : Lapse Date :	10:16:00 AM	8
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		_		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE I	S FOR FILING OFFICE U	SE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one D	ebtor name (19a or 19b) (use exact, full name; do	not omit, modify, or abbreviate an	y part of the Debtor's name)	
19a. ORGANIZATION'S NAME				
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
20. ADDITIONAL DEBTOR'S NAME: Provide only one D	Debtor name (20a or 20b) (use exact, full name; do	not omit, modify, or abbreviate an	y part of the Debtor's name)	
20a. ORGANIZATION'S NAME				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
0c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
21. ADDITIONAL DEBTOR'S NAME: Provide only one D 21a. ORGANIZATION'S NAME	bebtor name (21a or 21b) (use exact, full name; do	not omit, modify, or abbreviate an	y part of the Debtor's name)	
2 Ta. ORGANIZATION S NAME				
DR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2. 🔽 ADDITIONAL SECURED PARTY'S NAME 🧕	ASSIGNOR SECURED PARTY		me (22a or 22b)	
22a. ORGANIZATION'S NAME				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
von Münsterlingen	s u s a n n e	v.d.Fam	. d e r r e r, a.d.H. d e r r e r	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
c/o Hofwis [13]	Schleinikon		[8165]	CH
23. 🗹 ADDITIONAL SECURED PARTY'S NAME 🗕 🛛	I ASSIGNOR SECURED PARTY	'S NAME: Provide only one na	me (23a or 23b)	
23a. ORGANIZATION'S NAME				
		1		
230. INDIVIDUAL'S SURNAME			NAL NAME(S)/INITIAL(S)	SUFFIX
von Dielsdorf	regina		derrer, a.d.H. derrer	
	Schleinikon	STATE	POSTAL CODE [8165]	COUNTRY CH
c/o Hofwis [13]	Schlehnkoll			

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

196. RUNDUAL'S SURVAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY ADDITIONAL DEBTOR'S NAME: Provide only gag Debtor name (19a or 10b) (use exact, lul name; do not omit, modily, or abbreviate any part of the Debtor's name) 110. RGRAIXATION'S NAME PID. INDIVIDUAL'S SURNAME POSTAL CODE COUNTR 200. ORGANIZATION'S NAME POSTAL CODE 201. INDIVIDUAL'S SURNAME PID. INDIVIDUAL'S S	 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on I because Individual Debtor name did not fit, check here 18a. ORGANIZATION'S NAME The One Peoples Public Trust 		Date of Filing : Time of Filing : File Number : Lapse Date :	10:16:00 AM	-8
ADDITIONAL NAME(S)/INITIAL(S) SUFEX 9. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (1% or 1%) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 1% 0. REARNESS CITY STATE POSTAL CODE COUNTR 20. INDIVIDUAL'S SURNAME PRST PERSONAL NAME ADDITIONAL DEBTOR'S NAME CITY STATE POSTAL CODE COUNTR 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) Control (1, 1, 1, 2, 1,	DR 18b. INDIVIDUAL'S SURNAME				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 3. ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (1% or 1%) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) 1%a. ORGANIZATION'S NAME PR 1%b. INDIVIDUAL'S SURNAME 0. ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 0. ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 0. ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 0. ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 0. ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 0. ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 0. ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 0. ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 1% CITY 1% SUFFIX 1% ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 1% CITY 1% ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (2% or 2%) 1% CITY 1% ADDITIONAL NAME(S)/INITIAL(S) 1% CITY 1% ADDITIONAL NAME(S)/INITIAL(S) 1% COMAINA ADDRESS	FIRST PERSONAL NAME		_		
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196 INDIVIDUAL S SURNAME FIRST PERSUNAL NAME ADDITIONAL RAME(S)(INITIAL(S) SUFFIA 9c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 100 ADDITIONAL DEBTOR'S NAME: Provide only ong Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME SUFFIA 20a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)(INITIAL(S) SUFFIA 20a. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)(INITIAL(S) SUFFIA 20a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)(INITIAL(S) SUFFIA 21a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)(INITIAL(S) SUFFIA 22a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)(INITIAL(S) SUFFIA 22a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL SURNAME SUFFIA COUNTR 22a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)(INITIAL(S) SUFFIA 22a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)(INITIAL(S) SUFFIA 22a. ORGANIZATION'S NAM					
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R 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ac. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 1. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) Country STATE POSTAL CODE COUNTR 21a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 22a. ORGANIZATION'S NAME CITY STATE POSTAL CODE COUNTR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME POSTAL CODE COUNTR 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Ver e n a v.d.Fam. d er r er, ad.H. d er r er 22c. ORGANIZATION'S NAME CITY STATE POSTAL CODE COUNTR 22b. INDIVIDUAL'S SURNAME CITY STATE POSTAL CODE COUNTR 22b. INDIVIDUAL'S SURNAME CITY STATE POSTAL CODE COUNTR 22b. INDIVIDUAL'S SURNAME CITY STATE POSTAL CODE COUNTR 22a. ORGANIZATION'S NAME <	· —	Debtor name (20a or 20b) (use exact, full name; do	not omit, modify, or abbreviate an	y part of the Debtor's name	
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21a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 2. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) Countre 2. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) Countre 2. ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2. ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 2. MAILING ADDRESS CITY StATE POSTAL CODE CUNTR 2. MAILING ADDRESS GITY STATE POSTAL CODE CUNTR 2. MAILING ADDRESS CITY STATE ADDITIONAL NAME(S)/INITIAL(S) SUFFIX <td>Dc. MAILING ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>POSTAL CODE</td> <td>COUNTRY</td>	Dc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
21a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 2. MAILING ADDRESS CITY V C Y C NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX von Münsterlingen V C Y C NAME VITY STATE POSTAL CODE COUNTR 2. MAILING ADDRESS CITY StATE POSTAL CODE CUNTR 2. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME 2. NDIVIDUAL'S SURNAM	1. ADDITIONAL DEBTOR'S NAME: Provide only one I	Debtor name (21a or 21b) (use exact. full name: do	not omit, modify, or abbreviate an	v part of the Debtor's name	
21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 22a. ORGANIZATION'S NAME Image: Comparison of the state				<u>, , , , , , , , , , , , , , , , , , , </u>	
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2. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME FIRST PERSONAL NAME R 22b. INDIVIDUAL'S SURNAME VON Münsterlingen V e r e n a Von Münsterlingen V e r e n a V.d.Fam. d e r r e r, a.d.H. d e r r e r CO Hoftwis [13] 3. ✓ ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME FIRST PERSONAL NAME Von Zürich FIRST PERSONAL NAME Von Zürich CITY State POSTAL CODE COUNTR COUNTR Von Zürich FIRST PERSONAL NAME Von Zürich CITY State POSTAL CODE Von Zürich CITY State POSTAL CODE	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	VAL NAME(S)/INITIAL(S)	SUFFIX
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222. INDIVIDUAL'S SURNAME PIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX von Münsterlingen v e r e n a v.d.Fam. d errer, a.d.H. d errer COUNTR 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR c/o Hofwis [13] Schleinikon STATE POSTAL CODE COUNTR 3. Ø ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) CA 23a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX von Zürich Ul rich v.d.Fam. d errer, a.d.H. d errer SUFFIX 3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR	22a. ORGANIZATION'S NAME				
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3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR					
					COUNTRY
	c/o Hofwis [13]	Schleinikon		[8165]	CH

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 18a. ORGANIZATION'S NAME The One Peoples Public Trust 1776		Date of Filing : 12/09/2016 Time of Filing : 10:16:00 AM File Number : 2016-344-0541-8 Lapse Date : 12/09/2021		
R 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor n	ame (19a or 19b) (use exact_full_name: do	THE ABOVE SPACE IS FOR FILING OFFIC not omit modify or abbreviate any part of the Debtor's part		
19a. ORGANIZATION'S NAME				
R 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX	
Dec. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY	
O. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor r 20a. ORGANIZATION'S NAME	ame (20a or 20b) (use exact, full name; do	not omit, modify, or abbreviate any part of the Debtor's na	me)	
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX	
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY	
. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor m 21a. ORGANIZATION'S NAME	ame (21a or 21b) (use exact, full name; do	not omit, modify, or abbreviate any part of the Debtor's na	me)	
R 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX	
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY	
	ASSIGNOR SECURED PART	'S NAME: Provide only <u>one</u> name (22a or 22b)		
22a. ORGANIZATION'S NAME				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX	
von Dielsdorf	gabriela	v.d.Fam. d e r r e r, a.d.H. d e r	v.d.Fam. d e r r e r, a.d.H. d e r r e r	
c. mailing address 2/0 Hofwis [13]	city Schleinikon	STATE POSTAL CODE		
		('S NAME: Provide only <u>one</u> name (23a or 23b)		
ADDITIONAL SECURED PARTY'S NAME or 23a. ORGANIZATION'S NAME	ASSIGNOR SECORED PARTY	O INAME. Provide only <u>one</u> name (23a or 23b)		
R 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX	

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4. This FINANCING STATEMENT covers the following collateral:

all

former principals, agents, and beneficiaries of the slavery systems, inclusive of any and all Universal, International, National and State equivalents, by PRINCIPAL AGENT DOCTRINE preserved and guaranteed by public policy UCC 1-103 common law remedy thereunder guaranteed, public policy UCC 1-305.