

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Susanne Derrer / (susanne von münsterlingen) +41764751116

B. E-MAIL CONTACT AT FILER (optional)
susannederrer@yahoo.de

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Susanne Derrer / (susanne von münsterlingen)
+41764751116
SUSANNE BARBARA DERRER
Industriestrass 1 c/o Haus am See [2b]
Weesen Pfäffikon CH [8872] [8808]

Date of Filing : 12/09/2016
Time of Filing : 10:16:00 AM
File Number : 2016-344-0541-8
Lapse Date : 12/09/2021

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (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 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME
The One Peoples Public Trust 1776

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS

513 25TH AVE NW	CITY Gig Harbor	STATE WA	POSTAL CODE 98335	COUNTRY USA
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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

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL 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 von Münsterlingen	FIRST PERSONAL NAME s u s s a n e	ADDITIONAL NAME(S)/INITIAL(S) v.d.Fam.derrer,a.d.H.derrer	SUFFIX
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3c. MAILING ADDRESS

c/o Industriestrasse [1]	CITY Pfäffikon	STATE	POSTAL CODE [8808]	COUNTRY CH
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4. COLLATERAL: This financing statement covers the following collateral:

\$10,000,000,000.00 (\$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:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. 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

9a. ORGANIZATION'S NAME The One Peoples Public Trust 1776	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME von Münsterlingen	FIRST PERSONAL NAME s u s a n n e	ADDITIONAL NAME(S)/INITIAL(S) v.d.Fam. d e r r e r, a.d.H. d e r r e r	SUFFIX	
11c. MAILING ADDRESS c/o Haus am See [2b]	CITY Weesen	STATE	POSTAL CODE [8872]	COUNTRY CH

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:
 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:

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	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

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)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

21. 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)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME von Münsterlingen	FIRST PERSONAL NAME s u s a n n e	ADDITIONAL NAME(S)/INITIAL(S) v.d.Fam.derrer,a.d.H.derrer	SUFFIX
22c. MAILING ADDRESS c/o Hofwis [13]	CITY Schleinikon	STATE	POSTAL CODE COUNTRY [8165] CH

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME von Dielsdorf	FIRST PERSONAL NAME r e g i n a	ADDITIONAL NAME(S)/INITIAL(S) v.d.Fam.derrer,a.d.H.derrer	SUFFIX
23c. MAILING ADDRESS c/o Hofwis [13]	CITY Schleinikon	STATE	POSTAL CODE COUNTRY [8165] CH

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

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20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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21. 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)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME von Münsterlingen	FIRST PERSONAL NAME verena	ADDITIONAL NAME(S)/INITIAL(S) v.d.Fam.derrer, adH.derrer	SUFFIX
22c. MAILING ADDRESS c/o Hofwis [13]	CITY Schleinikon	STATE	POSTAL CODE COUNTRY [8165] CH

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME von Zürich	FIRST PERSONAL NAME ulrich	ADDITIONAL NAME(S)/INITIAL(S) v.d.Fam.derrer, adH.derrer	SUFFIX
23c. MAILING ADDRESS c/o Hofwis [13]	CITY Schleinikon	STATE	POSTAL CODE COUNTRY [8165] CH

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME von Dielsdorf	FIRST PERSONAL NAME g a b r i e l a	ADDITIONAL NAME(S)/INITIAL(S) v.d.Fam.derrer,a.d.H.derrer	SUFFIX
22c. MAILING ADDRESS c/o Hofwis [13]	CITY Schleinikon	STATE	POSTAL CODE COUNTRY [8165] CH

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23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

24. MISCELLANEOUS:

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.