

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Peter Gijs Wijn
B. E-MAIL CONTACT AT FILER (optional) peter.wijn@gmail.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Peter Gijs Wijn Buys Ballotstraat 2 Goes NL 4462 AP

Date of Filing : 07/19/2016
Time of Filing : 01:55:00 PM
File Number : 2016-201-6667-5
Lapse Date : 07/19/2021

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 STATE OF THE NETHERLANDS	OR		
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS Plesmanweg 1	CITY The Hague	STATE	POSTAL CODE 2597 JG
			COUNTRY NL

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 ABNAMRO N.V.	OR		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS Gustav Mahlerlaan 10	CITY Amsterdam	STATE	POSTAL CODE 1082 PP
			COUNTRY NL

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 Wijn	FIRST PERSONAL NAME Peter	ADDITIONAL NAME(S)/INITIAL(S) Gijs	SUFFIX
3c. MAILING ADDRESS Buys Ballotstraat 2	CITY Goes	STATE	POSTAL CODE 4462 AP
			COUNTRY NL

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

THIS FINANCIAL STATEMENT covers the follow collateral:

Since 06 th March 2000, is the property 50% our ownership, total area is 377 m2, and all things, that are located on, also perceived as Imherzenhof 1, inclusive 1/3 of unsplit ownership with an area of 140m2, what lawfully acquired by us, c/o Buys Ballotstraat 2, 4462 AP Goes, Geographic Region: Zeeland / The Netherlands. All right reserved, without prejudice UCC1-308, nunc pro tunc, praeterea preterea. See: Purchase agreement between, Franciscus Gerardus Maria Roovers, c/o Buys Ballotstraat 2, 4462 AP Goes and Peter Gijs Wijn

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/Licenser

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 STATE OF THE NETHERLANDS	
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 Fijen	FIRST PERSONAL NAME Elisabeth	ADDITIONAL NAME(S)/INITIAL(S) Josephus Maria	SUFFIX	
11c. MAILING ADDRESS Buys Ballotstraat 2	CITY Goes	STATE	POSTAL CODE 4462 AP	COUNTRY NL

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 STATE OF THE NETHERLANDS	
OR	
18b. INDIVIDUAL'S SURNAME	
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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 ABNAMRO HYPOTHEKEN GROEP B.V.			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS Ruimtevaart 25		CITY Amersfoort	STATE POSTAL CODE COUNTRY 3824 MX NL

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 QUION HYPOTHEEKBEMIDDELING B.V.			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS Fascinatio Boulevard 1302		CITY Capelle aan den IJssel	STATE POSTAL CODE COUNTRY 2909 VA NL

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 QUION GROEP BV			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS Fascinatio Boulevard 1302		CITY Capelle aan den IJssel	STATE POSTAL CODE COUNTRY 2909 VA NL

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

24. MISCELLANEOUS:

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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME Oudenga	FIRST PERSONAL NAME Bruno	ADDITIONAL NAME(S)/INITIAL(S) Gerlof Reinder	SUFFIX
19c. MAILING ADDRESS Fascinatio Boulevard 1302	CITY Capelle aan den IJssel	STATE	POSTAL CODE 2909 VA
			COUNTRY NL

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 QUION 9 B.V.			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS Fascinatio Boulevard 1302	CITY Capelle aan den IJssel	STATE	POSTAL CODE 2909 VA
			COUNTRY NL

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 van Baars	FIRST PERSONAL NAME Johannes	ADDITIONAL NAME(S)/INITIAL(S) Antonius Josephus	SUFFIX
21c. MAILING ADDRESS Fascinatio Boulevard 1302	CITY Capelle aan den IJssel	STATE	POSTAL CODE 2909 VA
			COUNTRY NL

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
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19a. ORGANIZATION'S NAME DE NEDERLANDSE BANK N.V.			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS Westeinde 1		CITY Amsterdam	STATE POSTAL CODE COUNTRY 1017 ZV NL

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 Knot	FIRST PERSONAL NAME Klaas	ADDITIONAL NAME(S)/INITIAL(S) H. W.	SUFFIX
20c. MAILING ADDRESS Westeinde 1		CITY Amsterdam	STATE POSTAL CODE COUNTRY 1017 ZV NL

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 GERECHTSDEURWAARDER EN INCASSOPRAKTIJK A.J. DE JONG			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS Guldenwaard 127 A		CITY Rotterdam	STATE POSTAL CODE COUNTRY 3078 AJ NL

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME de Jong	FIRST PERSONAL NAME Adrianus	ADDITIONAL NAME(S)/INITIAL(S) Jan	SUFFIX
19c. MAILING ADDRESS Guldenwaard 127 A	CITY Rotterdam	STATE	POSTAL CODE 3078 AJ COUNTRY NL

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 G.J. VAN VELZEN GERECHTSDEURWAARDERSKANTOOR B.V.			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS Guldenwaard 127-129	CITY Rotterdam	STATE	POSTAL CODE 3078 AJ COUNTRY NL

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 van Velzen	FIRST PERSONAL NAME G	ADDITIONAL NAME(S)/INITIAL(S) J	SUFFIX
21c. MAILING ADDRESS Guldenwaard 127-129	CITY Rotterdam	STATE	POSTAL CODE 3078 AJ COUNTRY NL

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

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19a. ORGANIZATION'S NAME DEURWAARDERSKANTOOR HANEMAAYER & DE BOER & PARTNERS				
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
Pascallaan 68 D	Lelystad		8211 NJ	NL

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 Romkes	FIRST PERSONAL NAME A	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
Pascallaan 68 D	Lelystad		8211 NJ	NL

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 Burger	FIRST PERSONAL NAME Cynthia	ADDITIONAL NAME(S)/INITIAL(S) Manon Georgette	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
Pascallaan 68 D	Lelystad		8211 NJ	NL

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME de Boer	FIRST PERSONAL NAME Anton	ADDITIONAL NAME(S)/INITIAL(S) Ferdinand	SUFFIX
19c. MAILING ADDRESS Pascallaan 68 D	CITY Lelystad	STATE	POSTAL CODE 8211 NJ
			COUNTRY NL

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 MINISTERIE VAN FINANCIEN			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS Korte Voorhout 7	CITY The Hague	STATE	POSTAL CODE 2511 CW
			COUNTRY NL

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 SABEWA			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS Kennedylaan 1	CITY Terneuzen	STATE	POSTAL CODE 4538 AE
			COUNTRY NL

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

22a. ORGANIZATION'S NAME			
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22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME van Strien	FIRST PERSONAL NAME P	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS Kennedylaan 1	CITY Terneuzen	STATE	POSTAL CODE 4538 AE COUNTRY NL

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 MINISTERIE VAN VEILIGHEID EN JUSTITIE			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS Turfmarkt 147	CITY The Hague	STATE	POSTAL CODE 2511 DP COUNTRY NL

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 HYPOTRUST			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS Fascinatio Boulevard 1302	CITY Capelle aan den IJssel	STATE	POSTAL CODE 2909 VA COUNTRY NL

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

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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 Hunink	FIRST PERSONAL NAME J.	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS Fascinatio Boulevard 1302	CITY Capelle aan den IJssel	STATE	POSTAL CODE 2909 VA COUNTRY NL

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 Rutte	FIRST PERSONAL NAME Mark	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS Plesmanweg 1	CITY The Hague	STATE	POSTAL CODE 2597 JG COUNTRY NL

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 Zalm	FIRST PERSONAL NAME Gerrit	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS Gustav Mahlerlaan 10	CITY Amsterdam	STATE	POSTAL CODE 1082 PP COUNTRY NL

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

24. 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 STATE OF THE NETHERLANDS	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

Date of Filing : 07/19/2016
Time of Filing : 01:55:00 PM
File Number : 2016-201-6667-5
Lapse Date : 07/19/2021

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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 van den Akker	FIRST PERSONAL NAME Michel	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS Fascinatio Boulevard 1302	CITY Capelle aan den IJssel	STATE	POSTAL CODE 2909 VA
			COUNTRY NL

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
			COUNTRY

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	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:

and Elisabeth Josephus Maria Fijen. Issued pursuant to and Governed by I AM, eternal essence, in body, Rec. No. 2013032035, restated and incorporated by reference as if set forth in full PRE-APPROVED, PRE-AUTHORIZED, and PRE-PAID. NOTICE: All rights reserved and without prejudice, public policy UCC 1-308, any and all "STATE OF . . ." and International equivalents, I AM One of the One People created by the Creator, domicil in my own body and mind, a bondservant to the Creator; My mind and body currently domicil by choice on the various 6 locations of the Earth; my principle of law is knowingly, willingly and intentionally aligned with common law, protected under the Constitution of The United States of America, Article 4, Section 3, Clause 1, governed and insured by public policy UCC 1-103, and all "STATE OF . . ." and International equivalents; and, pursuant to public policy UCC 3-501, any and all "STATE OF . . ." and International equivalents. SEE UCC FILED DOCUMENTS: ULIO DOC.NO: 2012127914; 2012088865; 2012079322; 201229612092; 2000043135; 2012128324; 201229612092; 2013032035 **All these REGISTRATIONS, are lawfully legally binding on any and all former principals, agents and beneficiaries of the slavery systems, inclusive of any and all Universal, International, National and State of... equivalents, by PRINCIPAL AGENT DOCTRINE preserved and guaranteed by public policy UCC 1-103 COMMON LAW remedy thereunder guaranteed, public policy UCC 1-305