

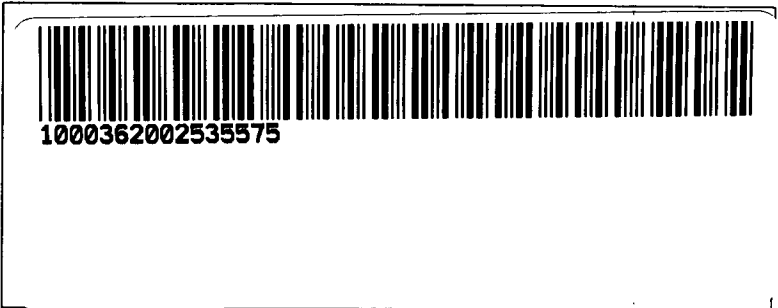
# UCC APPROVAL SHEET

**\*\* EXPEDITED SERVICE \*\***

**\*\* KEEP WITH DOCUMENT \*\***

TRANSACTION TYPE                      FEES REMITTED

<input checked="" type="checkbox"/>	Expedited Fee	\$50.00
<input type="checkbox"/>	UO - Original Financing Statement	\$25.00
<input type="checkbox"/>	UOA - Original Financing Statement With Assignment	\$25.00
<input type="checkbox"/>	UOTU - Original Financing Statement Transmitting Utility	\$25.00
<input type="checkbox"/>	UMA - Amendment	\$25.00
<input type="checkbox"/>	UMDA - Amendment - Debtor Added	\$25.00
<input type="checkbox"/>	UMDC - Amendment - Debtor Name Change	\$25.00
<input type="checkbox"/>	UMDD - Amendment - Debtor Deleted	\$25.00
<input type="checkbox"/>	UMSA - Amendment - Secured Party Added	\$25.00
<input type="checkbox"/>	UMSC - Amendment - Secured Party Name Change	\$25.00
<input type="checkbox"/>	UMSD - Amendment - Secured Party Deleted	\$25.00
<input type="checkbox"/>	UMC - Amendment - Continuation	\$25.00
<input type="checkbox"/>	UMT - Amendment - Termination	\$25.00
<input checked="" type="checkbox"/>	UMZ - Amendment - Assignment	\$25.00
<input type="checkbox"/>	UMZP - Amendment - Partial Assignment	\$25.00
<input type="checkbox"/>	UMCS - Amendment - Correction Statement	\$25.00
<input type="checkbox"/>	UOMH - Manufactured Home - Original Financing Statement	\$25.00
<input type="checkbox"/>	UOPF - Public Finance - Original Financing Statement	\$25.00
<input type="checkbox"/>	Documents Nine (9) Pages or More	\$75.00
<input type="checkbox"/>	Certified Copies	
<input type="checkbox"/>	Plain Copies	
	TOTAL FEES:	<u>75</u>



RECORDED ON 11/22/2011 AT 10:31 AM  
IN THE FINANCING RECORDS OF THE MD. ST.  
DEPARTMENT OF ASSESSMENTS AND TAXATION.  
WO # 0003888721 ACK # 1000362002535575  
ORIGINAL FILE NUMBER: 0000000181425776  
PAGES: 0002

Other Change(s)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Code \_\_\_\_\_

Attention: INTERNAL REVENUE SERVE  
IRS TECHNICAL SUPPORT DIVISION  
1500 PENNSYLVANIA AVENUE NORTH WEST  
WSHINGFTON DC 20220

NO FEE TRANSACTION TYPES

- URC - Copies
- UNCP - Void - Non-Payment
- UCC - Cancellation
- UCR - Reinstatement
- UCO Departmental Action
- UCREF - Refund Recordation Tax
- UCIS - Incorrect ID Number
- XOVRU - UCC Overrides
- UMFC - Filing Office Correction Statement

METHOD OF PAYMENT

Cash \_\_\_\_\_ Check  Credit Card \_\_\_\_\_

Number of Checks 1

COMMENT(S):

CUST ID: 0002672141  
WORK ORDER: 0003888721  
DATE: 11-22-2011 10:32 AM  
AMT. PAID: \$75.00

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

CUST ID: 0002672141  
 WORK ORDER: 0003888721  
 DATE: 11-22-2011 11:01 AM  
 AMT. PAID: \$75.00

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

IRS Technical Support Division  
 C/o Treasury UCC Contract Trust  
 Internal Revenue Service  
 1500 Pennsylvania Avenue North West  
 Washington, District of Columbia 20220  
 USA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **0000000181425776** 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects  Debtor or  Secured Party of record. Check only one of these two boxes.  
 Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  
 CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.  DELETE name: Give record name to be deleted in item 6a or 6b.  ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME  
 OR  
 6b. INDIVIDUAL'S LAST NAME **KNIGHT** FIRST NAME **LORETTA** MIDDLE NAME **E.** SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

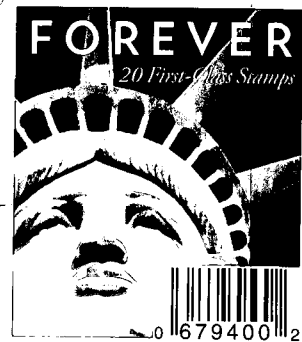
7a. ORGANIZATION'S NAME  
**- UNITED STATES - FEDERAL RESERVE SYSTEM**  
 OR  
 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS **1500 Pennsylvania Avenue North West** CITY **Washington** STATE **DC** POSTAL CODE **20220** COUNTRY **USA**

7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR **Currency** 7e. TYPE OF ORGANIZATION **Currency** 7f. JURISDICTION OF ORGANIZATION **The United States of America** 7g. ORGANIZATIONAL ID #, if any **HE 46193174 C**  NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.  
 Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

**181425776**



9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME  
 OR  
 9b. INDIVIDUAL'S LAST NAME **KNIGHT** FIRST NAME **LORETTA** MIDDLE NAME **E.** SUFFIX

10. OPTIONAL FILER REFERENCE DATA  
**Hamed Ghorouni Delch** *Hamed Ghorouni Delch*