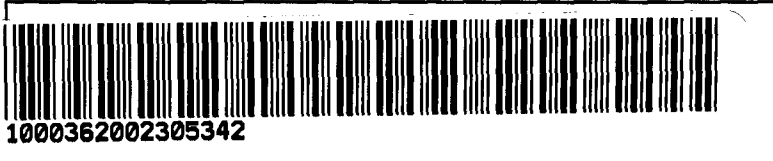


UCC APPROVAL SHEET

** KEEP WITH DOCUMENT **

TRANSACTION TYPE **FEEES REMITTED**

_____	UO - Original Financing Statement	\$25.00
_____	UOA - Original Financing Statement	
	with assignment	\$25.00
_____	UOTU - Original Financing Statement	
	Transmitting Utility	\$25.00
_____	UMA - Amendment	\$25.00
_____	UMDA - Amendment - Debtor Added	\$25.00
_____	UMDC - Amendment -	
	Debtor Name Change	\$25.00
_____	UMDD - Amendment - Debtor Deleted	\$25.00
_____	UMSA - Amendment -	
	Secured Party Added	\$25.00
_____	UMSC - Amendment -	
	Secured Party Name Change	\$25.00
_____	UMSD - Amendment -	
	Secured Party Deleted	\$25.00
_____	UMC - Amendment - Continuation	\$25.00
_____	UMT - Amendment - Termination	\$25.00
_____	UMZ - Amendment - Assignment	\$25.00
_____	UMZP - Amendment -	
	Partial Assignment	\$25.00
_____	UMCS - Amendment -	
	Correction Statement	\$25.00
_____	UOMH - Manufactured Home -	
	Original Financing Statement	\$25.00
_____	UOPF - Public Finance -	
	Original Financing Statement	\$25.00
_____	Documents Nine (9) Pages or More	\$75.00
_____	Certified Copies	
_____	Plain Copies	
	TOTAL FEES:	<u>\$2500</u>



RECORDED ON 09/23/2011 AT 04:11 PM
 IN THE FINANCING RECORDS OF THE MD. ST.
 DEPARTMENT OF ASSESSMENTS AND TAXATION.
 WO # 0003846966 ACK # 1000362002305342
 ORIGINAL FILE NUMBER: 0000000181425776
 PAGES: 0003

OTHER CHANGES:

Code _____

Attention: _____

Mail to Address:

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

IRS TECHNICAL SUPPORT DIVISION
 TREASURY UCC CONTRACT TRUST
 INTERNAL REVENUE SERVICE
 1500 PENNSYLVANIA AVENUE, NORTH WEST
 WASHINGTON DC 20220

Method of Payment:

Cash Check Credit Card

Number of Checks

Comments(s):

CUST ID: 0002630386
 WORK ORDER: 0003846966
 DATE: 09-23-2011 04:05 PM
 AMT. PAID: \$300.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Circuit Court for MONTGOMERY COUNTY (240) 777-9400

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**

**CUST ID: 0002630386
 WORK ORDER: 0003846966
 DATE: 09-23-2011 04:05 PM
 AMT. PAID: \$300.00**

1a. INITIAL FINANCING STATEMENT FILE #
0000000181425776

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing .
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
THE UNITED STATES OF AMERICA (Obligor)

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX -ent
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7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME
[- SEAL OF THE OFFICE OF SECRETARY OF STATE -]

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

50 MARYLAND AVE	CITY ROCKVILLE	STATE MD	POSTAL CODE 20850	COUNTRY u.s.a.
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7d. SEE INSTRUCTIONS
14,300,000,000,000,

ADD'L INFO RE ORGANIZATION DEBTOR
a Fiduciary

7e. TYPE OF ORGANIZATION
a Fiduciary

7f. JURISDICTION OF ORGANIZATION
The United States of America

7g. ORGANIZATIONAL ID #, if any
AG 59880464 A NONE

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

federal identification number: PAYER
RECIPIANT identification number: Social Security Number
Account number: 0000000181425776 Seal No.
Original Issue Discount for *:
\$14,300,000,000,000.-
[Federal Income tax withheld - \$14,300,000,000,000.-]
Description: Public Trust
Original Issue discount on U.S. Treasury obligations*

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
THE UNITED STATES OF AMERICA

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX -ent
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10. OPTIONAL FILER REFERENCE DATA
Orig. issue discount copy: A, B, C form (A9-OID) cat no 14421R

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

000000181425776

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

THE UNITED STATES OF AMERICA (Obligor)

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

— PAYER = Obligor
RECIPIANT = Owner
RECIPIANT = Beneficiary
Re-Public Trust = Obligation