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Secured Party Manual (Forms & Order)

1. SECTION A.

- 1.1.** UCC-11 search.
- 1.2.** Westlaw Copyright Clearance.
- 1.3.** Commercial Security Agreement.
- 1.4.** UCC-1 and UCC-1AD.
- 1.5.** Estate Planning

2. SECTION B. (FOR FIRST TREASURY PACKET)

- 2.1.** Cover Letter 1.
- 2.2.** UCC-1 Treasury- 1st filing # stays with you forever as Post Registered Treasury Acct ref #.
- 2.3.** Form W-8.
- 2.4.** Affidavit of Tax-exempt Foreign Status.
- 2.5.** Revocation and Termination of Franchise.
- 2.6.** Hold Harmless Agreement.

3. SECTION C.

- 3.1.** SS4 Form.
 - 3.1.1.** For Foreign Trust (98-SERIES EIN).
 - 3.1.2.** For Name as a State (45- SERIES EIN).
 - 3.1.3.** For Name as Corporation (45-SERIES EIN).
 - 3.1.4.**
- 3.2.** 8832 Form (98 SERIES FOREIGN TRUST).
 - 3.2.1.** Assigning Social.
 - 3.2.2.** 8832 Assigning State.
 - 3.2.3.** 8832 Assigning Corporation.

4. SECTION D. (MAILING TO BIRTH STATE OR USCIS)

- 4.1.** Cover Letter
- 4.2.** Notice Statement.
- 4.3.** Clear copy BC.
- 4.4.** Chargeback copy BC.
- 4.5.** Hold Harmless Agreement.

5. SECTION E (TREASURY PACKET-FINANCIAL DOCUMENTS)

- 5.1.** Cover Letter 3.
- 5.2.** Verified Actual and Constructive Notice
- 5.3.** International Bill of Exchange (registered on UCC-3).
- 5.4.** 1040 ES.
- 5.5.** 1040 V.
- 5.6.** Certified copy UCC-1.
- 5.7.** W-8 (copy of the orig.).
- 5.8.** Clear copy BC (for pay packs replace with billing statement).

- 5.9.** AFV copy BC (for pay packs replace with billing statement).
- 5.10.** Charge back copy of BC (for pay packs replace with billing statement).
- 5.11.** Lawful Order for Money.
- 5.12.** Affidavit for Tax-Exempt Foreign Status.
- 5.13.** Affidavit Revocation and Termination of Franchise.
- 5.14.** Mater Discharge and Indemnity Bond (Power Bond).
- 5.15.** Commercial Security Agreement.
- 5.16.** Copyright Approval (copy).
- 5.17.** Certified copy UCC-3.

6. SECTION F (MISC.)

- 6.1.** Form 56
 - 6.1.1.** Corporation to Third Party I.E. Court Case or Trust.
 - 6.1.2.** Estate to Third Party I.E. Court Case or Trust.
- 6.2.** Form 56
 - 6.2.1.** Estate to Bank For Financial Documents Pay packs.
 - 6.2.2.** Corporation to Bank For Financial Documents Pay packs.

7. SECTION G (MISC. FILE)

- 7.1.** Open Miscellaneous file at U.S. District Court with Complaint.
- 7.2.** If Bank Responds File and Answer and Counterclaim.
- 7.3.** Than File NIHIL DICIT – Judgment via summary or default.
- 7.4.** Close Case and Obtain Exemplified Copy.
 - Reopen Case Under Non-Adverse Claim.
 - File for Judicial Review.
 - Receive Judgment.
 - File for Writ or Garnishment.
 - Obtain Exemplified Copy.
 - Go Collect on Garnishment.

8. SECTION H (NOI and NOD for court case – civil or criminal)

- 8.1.** File NOI into the record of Court Case.
- 8.2.** Court Proceeds with Legal Matter (Civil or Criminal).

9. SECTION I (AFV) (Mail To: USA Treasury Puerto Rico).

- 9.1.** Cover Letter 3.
- 9.2.** Notice.
- 9.3.** Affidavit of Notary Presentment Copy.
- 9.4.** Billing Statement Consumer, Accepted for Value \$1.00 Stamp for every \$100,000.00 canceled out by signature.
- 9.5.** 1040-ES.
- 9.6.** 1040-V.
- 9.7.** 1041-ES.
- 9.8.** 1041-V.
- 9.9.** International Promissory Note.

- 9.10.** Fiduciary Trustee Instructions.
- 9.11.** UCC -1 Financing Statement (Original Lien).
- 9.12.** UCC-3Amendment# 1234567890 for IPN #SLB001.
- 9.13.** W-8 (Copy)

10. SECTION J (Secured Funding Bond)

- 10.1.** Open a Security Bank Account (TDA OR Full Service Brokerage Account)
- 10.2.** File UCC -3 registering Secured Funding Bond.
- 10.3.** Deposit UCC -3 registering Secured Funding Bond into Treasury.
- 10.4.** Secured Funding Bond.
- 10.5.** Commercial Security Agreement
- 10.6.** W8

Notes: Use attorney and negotiate a Depository Transaction of Secured Funding Bond into Bank (have for a from 56f with Bank and form 56 with attorney.

11. CODES AND STATUTES

- 11.1.** CALIFORNIA.
- 11.2.** FLORIDA
- 11.3.** NEVADA
- 11.4.** NEW YORK
- 11.5.** SOUTH CAROLINA
- 11.6.** TEXAS
- 11.7.** UTAH
- 11.8.** WASHINGTON
- 11.9.** CODES

SECTION A

This section includes documents that require a period of time to be cured after filing. Therefore, they have to be created before starting any mailing packages.

Keep in mind; you will need several certified copies of specific documents.

1.1. UCC-11 SEARCH

Purpose:

This form is to verify if there are any perfected liens recorded against oneself.

Instructions:

- Fill out the form with your personal information following the example BELOW.
- File UCC-11 with The Secretary of State of where you were born and/or any State of which you were employed in, over the age of 18.

INFORMATION REQUEST FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT (optional)		FILING OFFICE ACCT #	
B. RETURN TO: (Name and Address)			
JOHN LEE DOE ANYWHERE ADDRESS ANYWHERE CITY, STATE NEAR [ZIP]			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY			
1. DEBTOR NAME to be searched - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NAME			
OR			
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME
DOE		JOHN	LEE
2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:			
2a. SEARCH RESPONSE <input checked="" type="checkbox"/> CERTIFIED (Optional)			
Select <u>one</u> of the following two options: <input checked="" type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed.) <input type="checkbox"/> UNLAPSED			
2b. COPY REQUEST <input checked="" type="checkbox"/> CERTIFIED (Optional)			
Select <u>one</u> of the following two options: <input type="checkbox"/> ALL <input type="checkbox"/> UNLAPSED			
2c. SPECIFIED COPIES ONLY <input type="checkbox"/> CERTIFIED (Optional)			
Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)	
3. ADDITIONAL SERVICES:			
4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):			
4a. <input type="checkbox"/> Pick Up			
4b. <input checked="" type="checkbox"/> Other MAIL BY USPS			
Specify desired method <u>here</u> (if available from this office); provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)			
FILING OFFICE COPY (1) — NATIONAL INFORMATION REQUEST (FORM UCC-11) (REV. 05/09/01)			

INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional)	FILING OFFICE ACCT #
B. RETURN TO: (Name and Address)	
<div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div>	

Print

Reset

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - Input only one debtor name (a or b) - do not abbreviate or combine names.

a. ORGANIZATION'S NAME			
OR			
b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE	<input type="checkbox"/> CERTIFIED (Optional)
Select <u>one</u> of the following two options: <input type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed.) <input type="checkbox"/> UNLAPSED	
2b. COPY REQUEST	<input type="checkbox"/> CERTIFIED (Optional)
Select <u>one</u> of the following two options: <input type="checkbox"/> ALL <input type="checkbox"/> UNLAPSED	
2c. SPECIFIED COPIES ONLY	<input type="checkbox"/> CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B, unless otherwise instructed here):

- 4a. ☐ Pick Up
4b. ☐ Other

Specify delivery method [here](#) (if available from this office); provide delivery information (e.g., delivery carrier's name, addressee's account # with delivery carrier, addressee's phone #, etc.)

FILING OFFICE COPY (1) — NATIONAL INFORMATION REQUEST (FORM UCC1 1) (REV. 05/09/01)

1.2. WESTLAW COPYRIGHT CLEARANCE

Purpose:

This form is to request and obtain permission to use copyrighted law (Westlaw) in your legal arguments.

Instructions:

- Access to folder named “Section A” of your seminar CD. Open file named “Copyright Clearance Letter”.
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- Mail letter to:
Copyright Clearance Center
222 Rosewood Drive Danvers, MA 01923

To Whom It May Concern:		Date
C/O Copyright Clearance Center		
I need permission to use West Law and/or West Group Materials in my personal legal arguments		
Thank you.		
<hr/>		First and Last Name
		Address
		Phone number

1.3. COMMERCIAL SECURITY AGREEMENT

Purpose:

This form is an agreement, which creates or provides for a security interest and transactions between “DEBTOR” and “SECURED PARTY”.

Instructions:

- Access to folder named “Section A” of your seminar CD. Open file named “Commercial Agreement”.
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- Document has to be notarized.

COMMERCIAL SECURITY AGREEMENT

NUMBER **INITIALS-18thBD#-SA**
NON-NEGOTIABLE-NON-TRANSFERABLE
FILED FOR RECORD

Parties

DEBTOR, U.S. ADMINISTRATIVE VESSEL HELD IN TRUST IN THE DEPOSITORY TRUST COMPANY (DTC)
FIRST MIDDLE LAST (and all derivatives thereof)
55 WATER STREET
NEW YORK, NY 10041

Secured Party, Executor / Administrator
First Middle Last, Executor / Administrator
c/o Address Street
City, State near [12345]
(Without Prejudice)

AGREEMENT

This Security Agreement ("AGREEMENT") is made and entered into on **Month 00, 1900 (Day you turned 18 - Remove)** between the "real man" **First Middle Last, Executor / Administrator** (hereinafter known as the Secured Parties and the Juristic Persons /Seawman / Dummy Corporations, LLC, U.S. ADMINISTRATIVE VESSEL **FIRST MIDDLE LAST**, (hereinafter known as **DEBTOR**).

NOW, THEREFORE, it is hereby agreed as follows: In consideration for the Secured Party agreeing to provide certain Collateral and goods, identified herein below, and certain accommodations to the Debtor including, but not limited to, allowing the **DEBTOR** to act as an agent, utilized for the purpose of transmitting commercial activity for the benefit of the Secured Party to the extent that context Otherwise required, for the purpose of conducting traffic in commercial activity, as a pipeline for the transmission of goods and chattel property and paper, and as security for payment of all sums due, or to become due or owing by Debtor to Secured Party, Debtor hereby grants to Secured Party for valuable consideration a security interest in the Collateral described herein below and agrees to provide to Secured Party indemnification Bond also contained herein below. Securing the indebtedness and agrees that the Secured Party shall have the rights stated in this Agreement with respect to the collateral in addition to all other rights which Secured Party may have by law.

The security interest granted herein secures any and all indebtedness and liabilities, whatsoever, owed by Debtor to Secured Party whether direct or indirect, absolute or contingent, due or become due, now existing or hereafter evidenced. This security interest is also given to secure any other Debts which may be owed by Debtor to Secured party from time to time as stated herein below.

COLLATERAL

ALL Accounts, Contract Rights Chattel Paper, General Intangibles, Inventory, Equipment and Fixtures, Whether owned or acquired later, all accessions, additions, replacements, and substitution; all records of any kind relating to any of the foregoing; all proceeds, (including insurance, bond, general Intangibles and account proceeds), together with all the other real and personal property with all and singular the improvements, ways, sweet, alleys driveways, passages, waters, watercourse, rights, liberties, privileges, hereditaments, and appurtenances, whatsoever thereunto belonging, or in any wise appertaining, and the reversions and remainders, rents issues and profits thereof, and all estate rights, title interest, property, claim and demand whatsoever of the said Debtor, in law, equity, or otherwise however, of, in and to the same and every part thereof including but not limited to the following:

1) Preferred Stock Certificate issued as Birth certificate for **First Middle Last's** number **BC Number** as received by the STATE OF **MISSISSIPPI** Vital Records Department on **Month 01, 1900** and the pledge represented by same including the Bond issued and sold by the UNITED STATES Department of the Treasury and Commerce bought by the Federal Reserve Bank and held in Trust at 55 Water Street, New York, NY 10041 by the Depository Trust Company (DTC) and traded on the circle 750 Stock Exchange for the Settlement of **ALL DEBT PUBLIC AND PRIVATE** predicated on the United States and the Vessel described above as the debtor, but not limited to the pignus, hypotheca, creditum, res, and the energy and all products derived therefrom, including, but not limited to, the SALEE all cap name **FIRST MIDDLE LAST, MIDDLE FIRST LAST, MIDDLE LAST, FIRST and First Middle Last**, or any variation/derivation thereof, and all signatures on all contracts, Trust, and agreements predicated on the United States and the Vessel described above as the Debtor. 2) **STATE OF DL** Driver License Number **DL NUMBER**. 3) Social Security Administration form SSA-3600 (6-99) document for account Number including but not limited to employer identification number, cusip and autotris international tracking numbers. 4) Registered Master Bond **REGISTERED MAIL NO.**, Foreign Sinus (pre-pay) Trust Number **BC Number** and Cevati que (Social Security Insurance) trust numbers back & front. 5) Future proceeds tracking assignment numbers **INITIALSb001231971** thru **INITIALSb0+2k**. 6) Obligation of Debtor in favor of Secured Party as set forth in the express, written Security Agreement Number **INITIALS-b001231971-SA**, amount of said obligation: **Two Hundred Billion United States Dollars (\$200,000,000,000.00)**. 7) All property is accepted for value and is exempt from levy. Adjustment of this filing from Public Policy HJR-192 Public Law 73-10, the LAW OF TRUST and the Maryland Uniform Commercial Code 10-104. All proceeds, products, accounts, and fixtures and the orders therefrom are released to the Secured Party's United States Vessel and all account information held by the Federal Reserve Bank, Depository Trust Company and the United States Department of the Treasury by Power of Attorney is **HEREBY REVOKED** and **ALL TRUSTEES ARE FIRED** due to the several counts of Bankruptcy obstruction. Nominated and appointed Trustee is transferred to the Secured Party Authorize Agent also known as the Authorized Government Contracting Agent.

INDEMNITY CLAUSE

Know all men by these presents, that I, **FIRST MIDDLE LAST** (DEBTOR) am held firmly bound into **First Middle Last**, (Secured Party, Executor / Administrator) in the sum of present collateral Values and any debts or losses claimed by any and all persons against the Commercial transactions and Investments of aforesaid Collateral up to the penal sum of **Two Hundred Billion**

INITIALS-bd01231971-SA

Dollars (\$200,000,000,000.00) lawful money of the United States, for the payment of which, will and truly be made, I bind myself, my heirs, executors, administrators and third party assigns, jointly and severally and firmly by these presents.

The conditions of the above bond is, that whereas the Collateral described herein above and utilized for the purpose of transmitting goods in Commercial Activity by the Debtor are in Pursuance of the Statutes in such case made, provided and indentured to the Secured Party by which indenture the said Debtor covenanted to do certain things in this agreement.

Conditions of this obligation are such that if Secured Party suffers any loss of Vested Rights in the said Collateral Property or monetary Losses due in debts claimed against the aforesaid Collateral Property, or the Debtor, who binds himself by this obligation to make advance payments from Debtor's U. S. Treasury Accounts, established under IMF, BMF, IRAF, EPMF (temporary, Permanent and current) accounts to any and all who make debt claims against any of the Collateral or Vested Rights in said Collateral of Secured Party, this obligation shall bind the Debtor in fully and faithfully comply with all applicable provisions of law.

This bond shall effect as of the date hereon and shall remain in full force and effect until the surety (Secured Party) is released from liability by the written order of the UNITED STATES Government and provided that the Debtor may cancel this bond at any time and be relieved of further liability hereunder by delivery within thirty (30) days written notice to the Secured Party. Such cancellation shall not effect any bond before the end of thirty (30) day period for an amount equal to or greater than the value of this instrument unless the parties agree otherwise.

The Debtor (Indemnifying Party), without the benefit of discussion or division, does hereby agree, covenant and undertake to indemnify, defend and hold the Secured Party (Indemnified Party) harmless from and against any and all claims, losses, liabilities, costs, interests and expenses (hereinafter referred to as "claim") including, without restriction, all legal costs, interests, penalties and fines suffered or incurred by the Secured Party arising as a result of the Secured Party having its personal guarantee with respect to any loan or general indebtedness of the Debtor including, without in any way restricting the generality of the foregoing amount owing by the Debtor to all creditors.

The Indemnified Party (Secured Party/Surety) shall promptly advise the Indemnifying Party (Debtor) of any claim and provide the same with full details thereof, including copies of any document, correspondence, suit or action received by or served upon the Indemnified Party (Secured Party). The Indemnified Party (Secured Party) shall fully cooperate with the Indemnifying Party (debtor) in any discussion, negotiations or other proceedings relating to any claim.

OBLIGATIONS OF THE DEBTOR

Debtor warrants and covenants to Secured Party as follows:

ORGANIZATION. Debtor is a corporation, business trust or trust which is duly organized, validly existing, and in good standing under the laws of the United States.

AUTHORIZATION. The execution, delivery, and performance of this Agreement by DEBTOR have been duly authorized by all necessary action by an organization, or bylaws, or (a) any agreement or other instrument binding upon Debtor or (b) any law, governmental regulation, court decree, or order applicable to Debtor.

PERFECTION OF SECURITY INTEREST. Debtor agrees to execute such statements and to take whatever other actions are requested by Secured Party to perfect and continue Secured Party's interest in the Collateral. Upon request of Secured Party, Debtor will deliver to Secured Party any and all of the documents evidencing or constituting the Collateral, and Debtor will note Secured Party's interest upon any and all chattel paper if not delivered to Secured Party for possession by Secured Party. Debtor promptly will notify Secured Party of any change in Debtor's name including any change to the assumed business names of Debtor. This is a continuing Security Agreement and will continue in effect even though all of any debt or the Indebtedness is paid in full and even though for a period of time Debtor may not be indebted to Secured Party.

ENFORCEABILITY OF COLLATERAL. To the extent the Collateral consists of accounts, contract rights, chattel paper, or general intangibles, the Collateral is enforceable in accordance with its terms, is genuine, and complies with applicable laws concerning form, content, and manner of preparation and execution, and all persons appearing to be obligated on the Collateral have authority and capacity to contract and are in fact obligated as they appear to be on the Collateral.

REMOVAL OF COLLATERAL. Debtor shall keep the Collateral (or to the extent the Collateral consists of intangible property such as accounts, the records concerning the Collateral) at Debtor's address shown above, or at such locations as are acceptable to Principals. Except in the ordinary course of its business, including sales of inventory, Debtor shall not remove the Collateral from its existing locations without the prior written consent of the Secured Party. To the extent that the Collateral consists of vehicles, or other titled property, Debtor shall not take or permit any action which would require registration or sale or disposal, without the prior written consent of Secured party.

TRANSACTIONS INVOLVING COLLATERAL. Except for inventory sold or accounts collected in the ordinary course of Debtor's business, Debtor shall not sell, offer to sell, or otherwise transfer or dispose of the Collateral. Debtor shall not pledge, mortgage, encumber or otherwise permit the Collateral to be subject to any lien, security interest, encumbrance, or charge, other than the security interest provided for in this Agreement, without the prior written consent of Secured Party. This includes security interests even if junior in right to the security interests granted under this Agreement. Unless waived by Secured Party, all proceeds from any disposition of the Collateral (for whatever reason) shall be held in trust for Secured Party and shall not be commingled with any other funds; provided however, this requirement shall not constitute consent by Secured Party to any sale or other disposition. Upon receipt, Debtor shall immediately deliver any such proceeds to Secured Party.

TITLE. Debtor represents and warrants to Secured Party that it holds good and marketable title to the Collateral, free and clear of all liens and encumbrances except for the lien of this Agreement. No financing statement covering any of the Collateral is on file in any public office other than those which reflect the security interest created by this Agreement or which Secured Party has specifically consented. Debtor shall defend Secured Party's right in the Collateral against the claims and demands of all other persons.

MAINTENANCE AND INSPECTION OF COLLATERAL. Debtor shall maintain all tangible Collateral in good condition and repair. Debtor will not commit or permit damage to or destruction of the Collateral or any part of the Collateral. Secured Party and its designated representatives and agents shall have the right at all reasonable times to examine, inspect, and audit the Collateral wherever located. Debtor shall immediately notify Secured Party of all cases involving the return, rejection, repossession, loss or damage of or any Collateral, of any request for credit or adjustment or of any other dispute arising with respect to the Collateral; and generally of all happenings and events affecting the Collateral or the value or the amount of the Collateral.

TAXES, ASSESSMENTS, AND LIENS. Debtor will pay when due all taxes, assessments and liens upon the collateral, its use or operation, upon this Agreement, upon any promissory note or notes evidencing the Indebtedness, or upon any of the other Related Documents. Debtor may withhold any such payment or elect to contest any lien if Debtor is in good faith conducting an appropriate proceeding to contest the obligation to pay and so long as Secured Party's interest in the Collateral is not jeopardized in Secured

Party's sole opinion. If the collateral is subject to a lien which is not discharge within fifteen (15) days, Debtor shall deposit with Secured Party's cash, a sufficient corporate surety bond or other security satisfactory to Secured Party in an amount adequate to provide for the discharge of the lien plus any interest, cost, reasonable attorney's fees or other charges that could accrue as a result of foreclosure or sale of the Collateral. In any contest Debtor shall defend itself and Debtor shall satisfy any final adverse judgment before enforcement against the Collateral.

COMPLIANCE WITH GOVERNMENTAL REQUIREMENTS. Debtor should comply promptly with all laws, ordinances and regulations of all government authorities applicable to the production, disposition or use of the Collateral. Debtor may contest in good faith any such law, ordinance or regulation and withhold compliance during any proceeding, including appropriate appeals, so long as Secured Party's interest in the collateral, in Secured Party's opinion, is not jeopardized.

DEBTOR'S RIGHT TO POSSESSION. Until default, Debtor may have possession of the tangible personal property and beneficial use of all the Collateral and may use it in any lawful manner not inconsistent with this Agreement or Related Documents, provided that Debtor's right to possession and beneficial use shall not apply to any Collateral where possession of the Collateral by Secured Party is required by law to perfect Secured Party's security interest in such Collateral. If Secured Party at any time has possession of any Collateral, whether before or after an Event of Default, Secured Party shall be deemed to have exercised reasonable care in the custody and preservation of the Collateral, if Secured Party takes such action for that purpose as Debtor shall request or as Secured Party, in Secured Party's sole discretion, shall deem appropriate under the circumstances, but failure to honor any request by Debtor shall not of itself be deemed to be a failure to exercise reasonable care. Secured Party shall not be required to take any steps necessary to preserve any rights in the Collateral against prior parties, nor to protect, preserve or maintain any security interest given to secure the Collateral.

EXPENDITURES BY SECURED PARTY. If Secured Party must discharge or pay any amounts under this Agreement, including without limitation all taxes, liens, security interests, encumbrances, and other claims, at any time levied or placed on the Collateral, Secured Party also may (but shall not be obligated to) pay all cost for insuring, maintaining and preserving the Collateral. All expenditures incurred or paid by Secured Party for any purposes will then bear interest at the rate charge under the law.

SUBORDINATION OF DEBTOR'S DEBTS TO SECURED PARTY

Debtor agrees that the indebtedness of the Debtor to the Secured Party, whether now existing or hereinafter created, shall be prior to any such claim that Third Party may now have or hereafter acquire against Debtor whether or not Debtor becomes insolvent. Debtor hereby expressly subordinates any claim Debtor may have against Secured Party, upon any account whatsoever, to any claim that the Secured Party may now or hereafter have against Debtor. In the event of insolvency and consequent liquidation of the assets of Debtor, through bankruptcy, by an assignment for the benefit of creditors, by voluntary liquidation, or otherwise, the assets of the Debtor applicable to the payment of the claims of both Secured Party and Debtor shall be paid to Secured Party and shall be first applied by Secured Party to the indebtedness of Debtor to Secured Party. Debtor does hereby assign to Secured Party all claims which it may have or acquire against Debtor or against any assignee or trustee in the bankruptcy of Debtor, provided however, that such assignment shall be effective only for the purpose of assuring to Secured Party full payment in legal tender of the indebtedness. If the Secured Party so request, any notes or credit agreements now or hereafter evidencing any debts or obligations of Debtor to Third Party shall be marked with a legend that the same are subject to this Agreement and shall be delivered to Secured Party. Debtor agrees, and the Secured Party hereby is authorized, in the name of the Debtor, from the time to execute and file financing statements and continuation statements and to execute such other documents and to take such other actions as Secured Party deems necessary or appropriate to perfect, preserve and enforce the rights under this Agreement.

MISCELLANEOUS PROVISIONS

The following miscellaneous provisions are a part of this Agreement:

AMENDMENTS. This Agreement together with any Related Documents constitutes the entire understanding and agreement of the parties as to the matters set forth in this Agreement. No alteration of or amendment to this Agreement expressly or orally shall be effective unless expressed in writing and signed by the party or parties sought to be charged or bound by the alteration or amendment.

APPLICABLE LAW. This Agreement has been delivered to Secured Party and accepted by Secured Party in Maryland. If there is a lawsuit, Debtor agrees upon Secured Party's request to submit to the jurisdiction of the State of Maryland courts in the Judicial District at or nearest Secured Party's address shown above, or at Secured Party's option to the jurisdiction of the courts wherever any Property is located. This Agreement shall be governed by and construed in accordance with the laws of the State of Maryland.

ATTORNEY'S FEES; EXPENSES. Debtor agrees to pay upon demand all of Secured Party's cost and expenses, including reasonable attorney's fees and Secured Party's legal expenses, incurred in connection with the enforcement of this Agreement. Secured Party may pay someone else to help enforce this Agreement and Debtor shall pay the cost and expenses of such enforcement. Costs and expenses include Secured Party's reasonable attorney's fees and legal expenses whether or not there is a lawsuit, including reasonable attorney's fees and legal expenses for bankruptcy proceedings (and including efforts to modify or vacate any automatic stay or injunction), appeals, and any anticipated post-judgment collection services. Debtor also shall pay all court costs and such additional fees as may be directed by the court.

NOTICES. Except for revocation notices by Debtor, all notices required to be given by either party to the other under this Agreement shall be in writing and shall be effective when deposited with a nationally recognized overnight courier, or when deposited in the United States mail, first class postage prepaid, addressed to the party to whom the notice is to be given at the address shown above or to such other address as either party may designate to the other in writing.

INTERPRETATION. In all cases where there is more than one Debtor or the Debtor's principles, the United States Inc. or MD is in any way involved, then all words used in this Agreement in the singular shall be deemed to have been used in the plural where the context and construction so require; and where there is more than one Debtor named in a Claim or when this Agreement is executed on more than one Debtor the words "Debtor" respectively shall mean all and any one or more of them. The words Debtor and Secured Party include the heirs, successors, assigns, and transferees of each of them. Caption headings in this Agreement are for convenience purposes only and are not to be used to interpret or define the provisions of this Agreement.

Severability. Should any portion of this Agreement be judicially determined to be invalid or unenforceable, the remainder of this Agreement shall not be affected by such determination and shall remain in full force and effect. If feasible, any such offending provision shall be deemed to be modified to be within the limits of enforceability, or validity; however, if the offending provision cannot be so modified, it shall be stricken and all other provisions of this Agreement in all other respects shall remain valid and enforceable.

Waiver. Secured Party shall not be deemed to have waived any rights under this Agreement unless such waiver is given in writing and signed by Secured Party. No delay or omission on the part of Secured Party in exercising any right shall operate as a waiver of

such right or any other right. A waiver by Secured Party of a provision of this Agreement shall not prejudice or constitute a waiver of Secured Party's right otherwise to demand strict compliance with that provision or any other provision of this Agreement. No prior waiver by Secured Party, nor any course of dealing between Secured Party and Debtor shall constitute a waiver of any of Secured Party's right or any Debtor's obligations as to any future transactions. Whenever the consent of Secured Party is required under this Agreement, the granting of such consent by Secured Party in any instance shall not constitute continuing consent to subsequent instances where such consent is required and in all cases such consent may be granted or withheld in the sole discretion of Secured Party.

DEFAULT

The following shall be events of default hereunder; (a) failure by Debtor to pay any debt secured hereby when due; (b) failure by Debtor to perform any obligations secured hereby when the same should be performed.

EVENT OF DEFAULT. The words "Event of Default" mean and include any Events of Default set forth below in the section titled "Events of Default."

DEBTOR. The word Debtor means and includes without limitation, each and all of the DEBTOR and their Principals, sureties, and accommodation parties in connection with the indebtedness.

INDEBTEDNESS. The word "Indebtedness" means the indebtedness evidenced by this Agreement, including all principal and interest, together with all other indebtedness and costs and expenses for which Debtor is responsible under this Agreement or under any of the related documents. In addition, the word "Indebtedness" includes all other obligations, debts and liabilities, plus interest thereon, of DEBTOR'S ORGANIZATION, or any one or more of them, to Secured Party, as well as all claims by Secured Party against Debtor, or any one or more of them, whether existing now or later, whether they are voluntary or involuntary, due or not due, direct or indirect, absolute or contingent, liquidated or unliquidated, whether Debtor may be liable individually or jointly with others, whether Debtor may be obligated as Debtor, surety, accommodation party or otherwise; whether recovery upon such indebtedness may be or hereafter may become barred by statute of limitations; and whether such indebtedness may be or hereafter may become otherwise unenforceable.

RELATED DOCUMENTS. The words "Related Documents" mean and include without limitation all promissory notes, credit agreements, loan agreements, guaranties, security agreements, registrations, securities with or without a pledge, field warehousing documents and factor's liens, accounts, U.C.C. contract accounts, mortgages, deeds of trust, and all other instruments, agreements and documents, whether now or hereafter existing, executed in connection with the indebtedness.

EVENTS OF DEFAULT

Each of the following shall constitute an Event of Default under this Agreement:

1. **DEFAULT ON INDEBTEDNESS.** Failure of Debtor to make any payment when due on the Indebtedness.
2. **OTHER DEFAULTS.** Failure of Debtor to comply with or to perform any other term, obligation, covenant or condition contained in this Agreement or in any of the Related Documents or in any other agreement between Secured Party and Debtor. If any failure, other than a failure to pay money, is curable and if Debtor has not been given prior notice of a breach of the same provision of this Agreement, it may be cured (and no Event of Default will have occurred) if Debtor, after Secured Party sends written notice demanding cure of such failure: (a) cures the failure within fifteen (15) days; or (b), if the cure requires more than fifteen (15) days, immediately institute steps sufficient to cure the failure and thereafter continues and completes all reasonable and necessary steps sufficient to produce compliance as soon as reasonably practical.
3. **FALSE STATEMENTS.** Any warranty, representation or statement made or furnished to Secured Party by or on behalf of Debtor under this Agreement is false or misleading in any material respect, either now or at the time made or furnished.
4. **DEFECTIVE COLLATERALIZATION.** This Agreement or any of the Related Documents ceases to be in full force and effect (including failure of any collateral documents to create a valid and perfected security interest or lien) at any time and for any reason.
5. **INSOLVENCY.** The dissolution or termination of Debtor's existence as a going business, the insolvency of Debtor, the appointment of a receiver for any part of Debtor's property, any assignment for the benefit of creditors, or the commencement of any proceeding under any bankruptcy or insolvency laws by or against Debtor.
6. **CREDITOR PROCEEDINGS.** Commencement of foreclosure, whether by judicial proceeding, self-help, repossession or any other method, by any creditor of Debtor against the Collateral or any other collateral securing the Indebtedness. This includes a garnishment of any of Debtor's deposit account with Secured Party. However, this Event of Default shall not apply if there is a good faith dispute by Debtor as to the validity or reasonableness of the claim which is the basis of the creditor proceeding and if Debtor gives Secured Party written notice of the creditor proceeding and deposits with Secured Party monies or a surety bond for the creditor proceeding, in an amount determined by Secured Party, in its sole discretion, as being an adequate reserve or bond for the dispute.
7. **EVENTS AFFECTING DEBTOR.** Any of the preceding events occurs with respect to any Debtor of any of the Indebtedness or such Debtor dies or becomes incompetent. Secured Party, at its option, may, but shall not be required to, permit the Debtor's estate to assume unconditionally the obligations arising under the Agreement in a manner satisfactory to Secured Party, and, in doing so, cure the Event of Default.
8. **INSECURITY.** Secured Party, in good faith, deems itself insecure.

RIGHTS AND REMEDIES ON DEFAULT

If an Event of Default occurs under this Agreement, at any time thereafter, Secured Party shall have all the rights of a Secured Party under the Uniform Commercial Code. In addition and without limitation, Secured Party may exercise any one or more of the following rights and remedies:

1. **ACCELERATE INDEBTEDNESS.** Secured Party may declare the entire indebtedness, including any prepayment penalty which Debtor would be required to pay, immediately due and payable, without notice.
2. **ASSEMBLE COLLATERAL.** Secured Party may require Debtor to deliver to Secured Party all or any portion of the Collateral and any and all certificates of title and other documents relating to the Collateral. Secured Party may require

Debtor to assemble the Collateral and make it available to Secured Party at a place to be designated by Secured Party. Secured Party also shall have full power to enter upon the property of Debtor to take possession of and remove the Collateral. If the Collateral contains other goods not covered by this Agreement at the time of repossession, Debtor agrees Secured Party may take such other goods, provided that Secured Party makes reasonable efforts to return them to Debtor after repossession.

3. **SELL THE COLLATERAL.** Secured Party shall have full power to sell, lease, transfer, or otherwise deal with the Collateral or proceeds thereof in its own name or that of Debtor. Secured Party may sell the Collateral at public auction or private sale. Unless the Collateral threatens to decline speedily in value or is of a type customarily sold on a recognized market, Secured Party will give Debtor reasonable notice of the time after which any private sale or any other intended disposition of the Collateral is to be made. The requirements of reasonable notice shall be met if such notice is given at least ten (10) days before the time of the sale or disposition. All expenses relating to the disposition of the Collateral, including without limitation the expenses of retaking, holding, insuring, preparing for sale and selling the Collateral, shall become a part of the Indebtedness secured by this Agreement and shall be payable on demand, with interest at the Note rate unless payment of interest at the rate would be contrary to applicable law, in which event such expenses shall bear interest at the highest rate permitted by applicable law from date of expenditure until repaid.
4. **APPOINT RECEIVER.** To the extent permitted by applicable law, Secured Party shall have the following rights and remedies regarding the appointment of a receiver: (a) Secured Party may have a receiver appointed as a matter of right, (b) the receiver may be an employee of the Secured Party and may serve without bond, and (c) all fees of the receiver and his or her attorney shall become part of the Indebtedness secured by this Agreement and shall be payable on demand, with interest at the Note rate unless payment of interest at that rate would be contrary to applicable law, in which event such expenses shall not bear interest at the highest rate permitted by applicable law from date of expenditure until repaid.
5. **COLLECT REVENUES, APPLY ACCOUNTS.** Secured Party, either itself or through a receiver, may collect the payments, rents, income, and revenues from the Collateral. Secured Party may at any time in its discretion transfer any Collateral into its own name or that of its nominee and receive the payments, rents, income, and revenue therefrom and hold the same as security for the Indebtedness or apply it to payment of the Indebtedness in such order of preference as Secured Party may determine. Insofar as the Collateral consist of accounts, general intangibles, insurance policies, instruments, chattel paper, choses in action, or similar property, Secured Party may demand, collect, receipt for, settle, compromise, adjust, sue for, foreclose, or realize on the Collateral as Secured Party may determine, whether or not Indebtedness or Collateral is then due. For these purposes, Secured Party may, on behalf of and in the name of Debtor, receive, open and dispose of mail addressed to Debtor, change any address to which mail and payments are to be sent, and endorse notes, checks, drafts, money orders, documents of title, instruments and items pertaining to payment, shipment, or storage of any Collateral. To facilitate collection, Secured Party may notify account DEBTOR and obligors on any Collateral to make payments to Secured Party.
6. **OBTAIN DEFICIENCY.** If Secured Party chooses to sell any of the Collateral, Secured Party may obtain a judgment against Debtor for any deficiency remaining on the Indebtedness due to Secured Party after application of all amounts received from the exercise of rights in this Agreement. Debtor shall be liable for a deficiency even if the transaction described in this subsection is a sale of accounts or chattel paper.
7. **OTHER RIGHTS AND REMEDIES.** Secured party shall have all the rights and remedies of a secured creditor under the provisions of the Uniform Commercial Code, as may be amended from time to time. In addition, Secured Party shall have and may exercise any or all other rights and remedies it may have available at law, in equity, or otherwise.
8. **CUMULATIVE REMEDIES.** All of Secured Party's rights and remedies, whether evidenced by this Agreement or the Related Documents or by any other writing, shall be cumulative and may be exercised singularly or concurrently. Election by Secured Party to pursue any remedy shall not exclude pursuit of any other remedy, and an election to make expenditures or to take action to perform an obligation of Debtor under this Agreement, after Debtor's failure to perform, shall not affect Secured Party's right to declare a default and to exercise its remedies.

Power of Attorney. Debtor hereby authorizes and appoints Secured Party to act as Debtor's agent and/or attorney-in-fact, irrevocably, with full power of substitution to do the following: (a) to endorse all documents, instruments, licenses, permits, notes, checks, drafts, and money orders, of any type or nature; (b) to demand, collect, receive, receipt for, sue, and recover all sums of money or other property which may now or hereafter become due, owing, or payable to the Debtor; (c) to execute, sign, and endorse any and all claims, instruments, receipts, checks, drafts, or warrants issued in payment for the Collateral; (d) to settle or compromise any and all claims; and (e) to file any claim or claims or to take any action or institute or take part in any proceedings, either in his own name or in the name of the Debtor, or otherwise, which in the discretion of Secured Party may seem to be necessary or advisable. In addition, the signature of Secured Party on any instrument, license, permit, or any document now existing or hereafter arising, upon which the name of the Debtor is, however evidenced, is hereby the authorized signature of Secured Party as agent representing Debtor. In addition, the Secured Party may, on behalf of and in the name of the Debtor, receive, open, and dispose of mail addressed to Debtor and change any address to which mail and payments are to be sent. This power is given as security for the Indebtedness, and the authority hereby conferred is and shall be irrevocable and shall remain in full force and effect until renounced by the Secured Party in writing.

DEFINITIONS and GLOSSARY OF TERMS

As used in this Security Agreement, the following words and terms shall have meanings ascribed to them in this section, non-obstinate. From Black's Law Dictionary and Uniform Commercial Code.

"Accommodation Party" See Black's Law Dictionary, 6th ed. See also UCC § 3-419
"Account(s)" See Black's Law Dictionary 6th ed., Account. See also UCC § 4-104, (1) (a) and UCC § 9-106.
"Agent" See Black's Law Dictionary, 6th ed.
"Agreement" See Black's Law Dictionary, 6th ed. See also UCC § 1-201 (3)
"Artificial Person(s)" See Black's Law Dictionary, 7th ed. See also Dummy Corporation and Straw Man. UCC § 1-201 (28)
"Bailee" See Black's Law Dictionary, 6th ed. See also UCC § 7-102 (1) (a)
"Beneficiary" See Black's Law Dictionary, 6th ed. See also UCC § 5-103 (1) (d) , also see (Secured Party)
"Buyer" See Black's Law dictionary, 6th ed. See also UCC § 2-103 (1) (a)
"Charge back" See Black's Law Dictionary, 6th ed. See also Surely and UCC § 4-212
"Chattel Paper" See Black's Law Dictionary, 6th ed. UCC § 9-105 (b)
"Claim(s)" means: 1. right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured or unsecured. 2. To demand as one's own, challenge of property or ownership of a thing which is wrongfully withheld. See Hall v. Henry, 66 N.J. Eq. 150, 57 Atl. 555. Also a claim is to state. See

Douglas v. Beegley, 40 Ala. 147; Prigg v. Pennsylvania, 16 pct. 615, 101. Ed. 1060.

"Collateral" See Black's Law Dictionary, 6th ed. and UCC § 9-105 (l) (c)

"Contract" See Black's Law Dictionary, 6th ed. and UCC § 1-201 (ll)

"Contract Right" See UCC § 9-106

"Creditor" means a person to whom a debt is owing by another person who is the "debtor." One who has a right to require the fulfillment of an obligation or contract. One to whom money is due, and, in ordinary acceptance, has reference to financial or business transactions. The antonym of "debtor." See also Black's Law Dictionary, 6th ed. And UCC § 1-201 (12) (Secured Party)

"Currency" See Black's Law Dictionary, 7th ed.

"Derivatives" means coming from another, taken from something preceding; secondary. That which has not its origin in itself, but owes its existence to something foregoing. Anything obtained or deduced from another. See also Black's Law Dictionary, 6th ed.

"Debt" See Black's Law Dictionary, 6th ed. See also Burke v. Boulder Milling & Elevator Co. 77 Colo. 230, 235 P. 574, 575, and U.S. Sugar Equalization Board v. P. De Ronde & Co. C.C.A. Del. 7, 2d 981, 984

"Debtor" means THE ORGANIZATION named herein and all derivatives thereof, See also Black's Law Dictionary, 6th ed. and UCC § 9-105 (l) (d)

"Delegation of Performance" See UCC § 2-210

"Delivery" See Black's Law Dictionary, 6th ed. and UCC § 1-201 (14)

"Documents of Title" See UCC Section 1-201 (15) and UCC Section 7-104, also § 9-105 (l). See also Black's Law Dictionary, 7th ed., Document of title.

"Dummy Corporation" means THE ORGANIZATION named herein and all derivatives thereof, an artificial person or legal entity created by or under the authority of the laws of a state or nation, composed, in some, (see instances of a single person (such as the Debtor). "The corporation is distinct from the individual or individuals who comprise it." Such entity subsists as a body politic under a special denomination, which is regarded in law as having a personality and distinct from that of its several members. See Dartmouth College v. Woodward, (4 Wheat), 518 636, 657, 41 Ed. 629; U.S. v. Trinidad Coal Co. 137 U.S. 160, 11 S.Ct. 57, 341, Ed. 640; Andrews Bros. Co. v. Youngstown Coke Co. 86 F.585, 30 C.C.A. 293, Porter v. Railroad Co. 76 Ill. 573; Nebraska Wheat Grower's Ass'n v. Smith, 115 Neb. 177, 212 N.W. 39, 44; State v. Thistle Down Jockey Club, 114 Ohio St. 582, 151 N.E. 709, 711; Condon v. Condon, 160 Minn. 343, 200 N.W. 76, 87; Forest City Mfg. Co. v. International Ladies' Garment Workers' Union, Local No. 101, 233 Mo. App. 935, 111 S.W. 2d. 934; in re Crown Heights Hospital, 183 Misc. 563, 49 N.Y.S. 2d 658, 660; Froelich and Kuttner of Manila, P.I., v. Sutherland, 57 App. D.C. 294, 221 2d 870, 872. And also "in rare instances where it lists a single person (such as the Debtor) this would be considered a corporation sole, which consists of only that one person only and his successors, in some particular station, who are incorporated by law in order to give them some legal capacities and advantages, particularly that of perpetuity, which in their natural persons they could not have." (or in the present situation, to give them some legal capacity or advantage of dealings in the government commercial activities which in their natural persons they could have not have). See Step Comm. 168, 169; First Parish v. Dunning, 7 Mass. 447; Reid v. Barry, 93 Fla. 843, 112 So. 846, 859. The court cases also state that a corporation may exist as Domestic and or Foreign, with reference to the laws and the courts of any given state, a "domestic" corporation in one created by, or organized under the laws of that state; a "foreign" corporation is one created by or under the laws of another state, government, or country. (As in the present situation of a U.S. corporation in Puerto Rico, see (BMF) Business Master File). In re Grand Lodge, 110 Pa. 613, 1 A. 382; Fowler v. Chillingworth, 94 Fla. 1113 So. 667 669, in re Ewles' Estate, 105 Utah 507, 143 P.2d 903, 905. The also state that, "A Corporation de facto is one existing under the color of law and in pursuance of an effort made in 'good faith' to organize a corporation under the statute; an association of men claiming to be legally incorporated company, and exercising the powers and functions of a corporation, but without actual lawful authority to do so." See Foster v Hare 26 Tex. Civ. App. 177, 62 S.W. 541; Cedar Rapids Water Co. v. Cedar Rapids, 118 Iowa, 234, 91 N.W. 1081; Tulare Irrig. Dist. V. Shepard, 185 U.S. 1, 22 S.Ct. 531, 46 L.Ed. 773; Evans v. Anderson, 132 Minn. 59 155 N.W. 1040, 1041. The fictitious named (Debtor), a straw man, or dummy corporation created by the government without knowledge or intent of the natural person (Secured Party), only exist under the color of law and claiming only to be legally incorporated for the purpose of commerce, and exercising the powers and functions of a corporation, without actual lawful authority to do so, but strictly for the benefit of the government and its commerce. The government shows the capital letter spelling of the Debtor name when they created the "fictitious named" corporation, due to the need of a specific name required for each separate legal entity's identification. Therefore, when a corporation is constructed, a name is always given to it, or supposed to be actually given, will attach to it be implication, and by that name alone it must sue and be sued, and do all legal acts. Though a very minute variation therein is not material, and the name is capable of being changed (by competent authority) without affecting the identity or capacity of the corporation. See Wharton on Corporations. See also Black's Law Dictionary, 6th ed. Dummy.

"Duty of Care; Contractual Limitation" See UCC § 2-204

"General Intangibles" See Black's Law Dictionary, 6th ed. And UCC § 9-106

"Goods" See Black's Law Dictionary, 6th ed. And UCC §§ 2-105, 9-105 (h), 9-109

"Entrusting" See UCC § 2-403 (2), (3), and (4)

"Incapacity" See Black's Law Dictionary, 6th and 7th ed. See also UCC § 3-305 (2) (b)

"Indemnities" See UCC § 5-113

"Indemnity" means a collateral contract or assurance by which one person engages to secure another against an anticipated loss or to prevent him from being damaged by the legal consequences of an act or forbearance on the part of one of the parties or of some third person. See First Bank of Tiffin v. Smith, 142 Ga 663, 83 S.E. 526, 528, I.R.A. 1915B, 116. See also Black's Law Dictionary, 7th ed., Indemnity.

"Instrument(s)" See 'Instrument', Black's Law Dictionary, 6th ed. See also UCC § 3-102 (e) and 9-105 (l)

"Item(s)" mean(s) part of a whole. See also UCC Section 4-104 (g)

"Juristic Person" See UNITED STATES V. SCOPHONY CORP. 69 E.SUPP.666, "From earliest times the law has enforced rights and exacted liabilities by utilizing a corporate concept-by recognizing, that is, Juristic Persons other than Human Beings. The theories by which this mode of legal operation has developed, has been justified, qualified, and defined are the subject-matter of a very sizable library. The historic roots of a particular society, economic pressures, philosophic notions, all have had their share in the law's response to the ways of men in carrying on their affairs through what is now the familiar device of the Corporation—Attribution of legal rights and duties to a JURISTIC PERSON other than man is necessarily a metaphorical process. And none the worse for it. No doubt, "Metaphors in law are to be narrowly watched, Cardozo, J., in Berkey V. Third Avenue R. Co. 244 N.Y. 84, 94. But all instruments of thought should be narrowly watched lest they be abused and fail in their service to reason." Also see DEBTOR, DUMMY CORPORATION, and ARTIFICIAL PERSON.

"Liability" means every kind of legal obligation, responsibility, or duty. Also the state of being bound or obligated in law or justice to do, pay or make good something. See Mayfield v. First Nat'l Bank of Chattanooga, Tenn. C.C.A. Tenn. 137 F.2d 1013, 1019; Feil v. City of Coeur d'Alene, 23 Idaho 32, 129 P. 643, 649, 43 I.R.A. N.S. 1095; Breshaw v. Rightmire, 196 N.Y.S. 539, 541, 119 Misc. 833. See also Black's Law Dictionary, 6th ed. Liability. "Money" means the medium of exchange authorized or adopted by a government as part of its currency. See also UCC § 1-201 (24)

"Natural Person(s)" means a human being, as distinguished from an artificial person created by law. See Black's Law Dictionary, 7th ed. Negotiable" means capable of being transferred by indorsement or delivery so as to pass to holder the right to sue in his own name and take free of equities against assignor payee. Fischbach & Moore v. Philadelphia Nat. Bank, 134 Pa Super. 84, 3 A.2d 1011, 1012. See also Black's Law Dictionary, 4th ed. See also UCC §§ 7-501 and 7-502. "Non Negotiable" means not negotiable; not capable of passing title or property by indorsement or delivery. Any document of title that is not a negotiable document. An installment which may not be transferred by indorsement and delivery or by delivery alone, though it may be assigned. The transferee does not become a holder unless it is negotiated. Compare Negotiable. See Black's Law Dictionary, 7th ed. See UCC §§ 7-501, 7-502

"Non obstante" means a phrase used in documents to preclude any interpretation contrary to the stated object or purpose. See Black's Law Dictionary 6th Ed.

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1.4. UCC-1 AND UCC1-AD

Purpose:

These two forms are a financing agreement, using personal property to secure a loan under the provision of the Uniform Commercial Code (UCC) adopted in almost all states.

Instructions:

- Fill out the form with your personal information following the example BELOW.
- File UCC-1 and UCC-1 AD with The Secretary of State of where you were born and/or your residing District.

UCC FINANCING STATEMENT							
FOLLOW INSTRUCTIONS (front and back) CAREFULLY							
A. NAME & PHONE OF CONTACT AT FILER (optional)							
B. SEND ACKNOWLEDGMENT TO: (Name and Address)							
JOHN LEE DOE ANYWHERE ADDRESS ANYWHERE CITY, STATE NEAR [ZIP]							
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY							
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names							
1a. ORGANIZATION'S NAME							
OR							
1b. INDIVIDUAL'S LAST NAME							
DOE							
FIRST NAME							
JOHN							
MIDDLE NAME							
LEE							
SUFFIX							
1c. MAILING ADDRESS							
ANYWHERE ADDRESS							
CITY							
ANYWHERE CITY							
STATE							
XX							
POSTAL CODE							
NEAR [ZIP]							
COUNTRY							
USA							
1d. TAX ID #: SSN OR EIN							
ADDL INFO RE ORGANIZATION DEBTOR							
1e. TYPE OF ORGANIZATION							
administrative vessel							
1f. JURISDICTION OF ORGANIZATION							
UNITED STATES							
1g. ORGANIZATIONAL ID #, if any							
STATE B.C. #							
<input type="checkbox"/> NONE							
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names							
2a. ORGANIZATION'S NAME							
JOHN LEE DOE							
OR							
2b. INDIVIDUAL'S LAST NAME							
DOE							
FIRST NAME							
JOHN							
MIDDLE NAME							
LEE							
SUFFIX							
2c. MAILING ADDRESS							
ANYWHERE ADDRESS							
CITY							
ANYWHERE CITY							
STATE							
XX							
POSTAL CODE							
NEAR [ZIP]							
COUNTRY							
USA							
2d. TAX ID #: SSN OR EIN							
45-XXXXXXX							
ADDL INFO RE ORGANIZATION DEBTOR							
ESTATE							
2e. TYPE OF ORGANIZATION							
FOREIGN TRUST							
2f. JURISDICTION OF ORGANIZATION							
FOREIGN TRUST							
2g. ORGANIZATIONAL ID #, if any							
<input type="checkbox"/> NONE							
3. SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNOR or ASSIGNOR SP) - insert only <u>one</u> secured party name (3a or 3b)							
3a. ORGANIZATION'S NAME							
OR							
3b. INDIVIDUAL'S LAST NAME							
Doe							
FIRST NAME							
John							
MIDDLE NAME							
Lce							
SUFFIX							
3c. MAILING ADDRESS							
Anywhere Address							
CITY							
Anywhere City							
STATE							
Xx							
POSTAL CODE							
near [zip]							
COUNTRY							
usa							
4. This FINANCING STATEMENT covers the following collateral:							
5. ALTERNATIVE DESIGNATION (if applicable)							
LESSEE/LESSOR							
CONSIGNEE/CONSIGNOR							
<input checked="" type="checkbox"/> BAILEE/BAILOR							
SELLER/BUYER							
AG. LIEN							
NON-UCC FILING							
6. THIS FINANCING STATEMENT is to be filed (or record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable).							
7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)							
All Debtors							
Debtor 1							
Debtor 2							
8. OPTIONAL FILER REFERENCE DATA							
FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC-1) (REV. 07/29/98)							

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

LAST-ALL CAPS

FIRST-ALL CAPS

MIDDLECAP

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

**1. THE FOLLOWING ITEMS ARE ENTERED INTO THE
COMMERCIAL REGISTRY ACCEPTED FOR VALUE EXEMPT
FROM LEVY.**

2. PROPERTY LIST

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

- ☒ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction
☐ Filed in connection with a Public-Finance Transaction

International Association of Commercial Administrators (IACA)

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/21/09)



Print

Reset

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
1d. TAX ID #: SSN OR EIN	ADD. INFO RE: ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
2d. TAX ID #: SSN OR EIN	ADD. INFO RE: ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

5. ALTERNATIVE DESIGNATION (if applicable):		<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input type="checkbox"/> THIS FINANCING STATEMENT IS TO BE USED FOR RECORD (or RECORDS) OF THE FILER	<input type="checkbox"/> I, DEBTOE, REQUEST SEARCHED REPORT(S) OF DEBTOE(S)	7. <input type="checkbox"/> I, DEBTOE, REQUEST SEARCHED REPORT(S) OF DEBTOE(S)		8. <input type="checkbox"/> I, DEBTOE, REQUEST SEARCHED REPORT(S) OF DEBTOE(S)		9. <input type="checkbox"/> I, DEBTOE, REQUEST SEARCHED REPORT(S) OF DEBTOE(S)	
10. OPTIONAL FILER REFERENCE DATA							

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/25/68)

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

Print

Reset

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
11d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S ☐ OR ☐ ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ air-extracted
collected, or is filed as a ☐ fixture filing.

14. Description of real estate:

15. Name and address of a RECORD OWNER of above-described real estate
(if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

- ☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction
☐ Filed in connection with a Public-Finance Transaction

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/21/09)

1.5. Estate Planning

Purpose:

These forms are used to establish a Living Estate.

Instructions:

- See Section “A” folder Estate Planning for Sample Documents.
- Fill out the form with your personal information and get all necessary documents notarized.
- Contact your Local County Clerk’s Office, Your local clerk will be able to tell you if you need to file them at the Clerk's office or do go directly to the Surrogate Court office and put on file there.
- You may also be requested to just hold on to form until the death of the involved party and to send or provide proof of form to surrogate court so as to avoid probate.
- Non-Judicial States require a Termination of Deed Upon Death to be Filed.

Bottom Line: Each County and State has different Rules, Contact your County Clerk's Office first.

SECTION B

FIRST TREASURY PACKAGE

This Section includes a list of the documents needed for this package. The Registered Mail must bear a barcoded red Label 200. The label must be placed above the delivery address and to the right of the return address, or to the left of the delivery address on parcels.

MAIL PACKAGE TO:

**SECRETARY OF THE TREASURY
C/O JACOB J. LEW
1500 PENNSYLVANIA AVENUE NW
WASHINGTON, D.C. near [20220]**

DUPLICATE PACKAGE MAIL CERTIFIED MAIL RETURN RECEIPT TO:

**DEPARTAMENTO DE HACIENDA
P.O. BOX 9024140
SAN JUAN, PUERTO RICO near
[009024140]**



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:			
2. Article Number (Transfer from service label)			

PS Form 3811, February 2004 Non-metric Return Receipt 5010-10-000-10-00

Registered No.		Date Stamp
Reg. Fee		
Handling Charge	Return Receipt	
Postage	Restricted Delivery	
Received by		
Customer Must Declare Full Value \$		Domestic Insurance up to \$25,000 is included based upon the declared value. International Insurance is limited. (See Reverse.)
OFFICIAL USE		
FROM		
TO		

To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer May 2007 (7530-02-000-9051) (See Information on Reverse) For domestic delivery information, visit our website at www.usps.com®

2.1. COVER LETTER - 1

JOHN LEE DOE

C/O ANYWHERE ADDRESS

CITY, STATE AND [ZIP CODE]

DATE: FEBRUARY 11, 2012

THE FOLLOWING ITEMS WERE SENT VIA USPS REGISTERED MAIL NUMBER:

RA 035 316 840 US ACCEPTED FOR VALUE AND EXEMPT FROM LEVY. FOR

CREDIT AND DEPOSIT TO POST REGISTERED ACCOUNT NUMBER: ORIGINAL

POST REGISTERED MAIL NUMBER AND PASS THROUGH ACCOUNT

NUMBERS: 123456789 / Z12345678

1.

2.

3.

4.

TO:

U.S. DEPARTMENT OF THE TREASURY

1500 PENNSYLVANIA AVENUE, NW

WASHINGTON, D.C. 20220

ATTENTION: JACOB J. LEW, SECRETARY OF THE TREASURY

NOTICE: PLEASE STAMP FILED/RECEIVED ON ALL DOCUMENTS AND

RETURN ALL DOCUMENTS AND RECORDS WITH IRS BATCHING NUMBERS

TO THE C/O MAILING ADDRESS ABOVE.

ALL DOCUMENTS WERE CC'D TO:

DEPARTAMENTO DE HACIENDA

P.O. BOX 9024140

SAN JUAN, PUERTO RICO 009024140

2.2. UCC-1 TREASURY

Instructions:

- Attach to mailing package a Certified Copy of previous filed UCC-1 and UCC-1 Addendum (see Section A).

2.3. FORM W-8

Purpose:

This form is used to establish foreign tax-exempt status.

Instructions:

- Fill out the form with your personal information following the example BELOW.

Form W-8 (Rev. November 1992) Department of the Treasury Internal Revenue Service		Certificate of Foreign Status			
Please print or type	Name of owner (If joint account, also give joint owner's name.) (See Specific Instructions.) JOHN LEE DOE		U.S. taxpayer identification number (if any) S-S-N		
	Permanent address (See Specific Instructions.) (Include apt. or suite no.) ANYWHERE ADDRESS				
	City, province or state, postal code, and country ANYWHERE CITY, STATE NEAR [ZIP]				
	Current mailing address, if different from permanent address (Include apt. or suite no., or P.O. box if mail is not delivered to street address.)				
	City, town or post office, state, and ZIP code (If foreign address, enter city, province or state, postal code, and country.)				
List account information here (Optional, see Specific Instructions.)		Account number SOCIAL	Account type Account Receivable	Account number Registered Receipt #	Account type Post Registered Deposit Account
Notice of Change in Status.—To notify the payer, mortgage interest recipient, broker, or barter exchange that you no longer qualify for exemption, check here <input type="checkbox"/> If you check this box, reporting will begin on the account(s) listed.					
Please Sign Here	Certification.—(Check applicable box(es)). Under penalties of perjury, I certify that:				
	<input checked="" type="checkbox"/> For INTEREST PAYMENTS , I am not a U.S. citizen or resident (or I am filing for a foreign corporation, partnership, estate, or trust).				
	<input checked="" type="checkbox"/> For DIVIDENDS , I am not a U.S. citizen or resident (or I am filing for a foreign corporation, partnership, estate, or trust).				
<input checked="" type="checkbox"/> For BROKER TRANSACTIONS or BARTER EXCHANGES , I am an exempt foreign person as defined in the instructions below.					
Signature		PER U.C.C. 1-105, 1-207, 1-308, 3-419			Date
General Instructions (Section references are to the Internal Revenue Code unless otherwise noted.) Purpose Use Form W-8 or a substitute form containing a substantially similar statement to tell the payer, mortgage interest recipient, middleman, broker, or barter exchange that you are a nonresident alien individual, foreign entity, or exempt foreign person not subject to certain U.S. information return reporting or backup withholding rules. See Pub. 519, U.S. Tax Guide for Aliens , for more information on resident and nonresident alien status. Note: If you are a nonresident alien individual married to a U.S. citizen or resident and have made an election under section 6013(g) or (h), you are treated as a U.S. resident and may not use Form W-8. Exempt Foreign Person For purposes of this form, you are an "exempt foreign person" for a calendar year in which: 1. You are a nonresident alien individual generally remains in effect for three calendar years. However, the payer may require you to file a new certificate each time a payment is made to you. Where To File. —File this form with the payer of the qualifying income who is the withholding agent (see Withholding Agent on page 2). Keep a copy for your own records. Backup Withholding A U.S. taxpayer identification number or Form W-8 or substitute form must be given to the payers of certain income. If a					

Form W-8 <small>(Rev. November 1992) Department of the Treasury Internal Revenue Service</small>	<h2 style="margin: 0;">Certificate of Foreign Status</h2>				
Please print or type	Name of owner (If joint account, also give joint owner's name.) (See Specific Instructions.)			U.S. taxpayer identification number (if any)	
	Permanent address (See Specific Instructions.) (Include apt. or suite no.)				
	City, province or state, postal code, and country				
	Current mailing address, if different from permanent address (Include apt. or suite no., or P.O. box if mail is not delivered to street address.)				
	City, town or post office, state, and ZIP code (If foreign address, enter city, province or state, postal code, and country.)				
List account information here (Optional, see Specific Instructions.)		Account number	Account type	Account number	Account type
Notice of Change in Status. —To notify the payer, mortgage interest recipient, broker, or barter exchange that you no longer qualify for exemption, check here <input type="checkbox"/> If you check this box, reporting will begin on the account(s) listed.					
Please Sign Here	Certification. —(Check applicable box(es)). Under penalties of perjury, I certify that: <input type="checkbox"/> For INTEREST PAYMENTS , I am not a U.S. citizen or resident (or I am filing for a foreign corporation, partnership, estate, or trust). <input type="checkbox"/> For DIVIDENDS , I am not a U.S. citizen or resident (or I am filing for a foreign corporation, partnership, estate, or trust). <input type="checkbox"/> For BROKER TRANSACTIONS or BARTER EXCHANGES , I am an exempt foreign person as defined in the instructions below.				
	Signature			Date	
<h3>General Instructions</h3> <p>(Section references are to the Internal Revenue Code unless otherwise noted.)</p> <p>Purpose</p> <p>Use Form W-8 or a substitute form containing a substantially similar statement to tell the payer, mortgage interest recipient, middleman, broker, or barter exchange that you are a nonresident alien individual, foreign entity, or exempt foreign person not subject to certain U.S. information return reporting or backup withholding rules.</p> <p>Caution: Form W-8 does not exempt the payee from the 30% (or lower treaty) nonresident withholding rates.</p> <p>Nonresident Alien Individual</p> <p>For income tax purposes, "nonresident alien individual" means an individual who is neither a U.S. citizen nor resident. Generally, an alien is considered to be a U.S. resident if:</p> <ul style="list-style-type: none"> • The individual was a lawful permanent resident of the United States at any time during the calendar year, that is, the alien held an immigrant visa (a "green card"), or • The individual was physically present in the United States on: <ol style="list-style-type: none"> (1) at least 31 days during the calendar year, and (2) 183 days or more during the current year and the 2 preceding calendar years (counting all the days of physical presence in the current year, one-third the number of days of presence in the first preceding year, and only one-sixth of the number of days in the second preceding year). <p>See Pub. 519, U.S. Tax Guide for Aliens, for more information on resident and nonresident alien status.</p> <p>Note: If you are a nonresident alien individual married to a U.S. citizen or resident and have made an election under section 6013(g) or (h), you are treated as a U.S. resident and may not use Form W-8.</p> <p>Exempt Foreign Person</p> <p>For purposes of this form, you are an "exempt foreign person" for a calendar year in which:</p> <ol style="list-style-type: none"> 1. You are a nonresident alien individual or a foreign corporation, partnership, estate, or trust, 2. You are an individual who has not been, and plans not to be, present in the United States for a total of 183 days or more during the calendar year, and 3. You are neither engaged, nor plan to be engaged during this year, in a U.S. trade or business that has effectively connected gains from transactions with a broker or barter exchange. <p>If you do not meet the requirements of 2 or 3 above, you may instead certify on Form 1001, Ownership, Exemption, or Reduced Rate Certificate, that your country has a tax treaty with the United States that exempts your transactions from U.S. tax.</p> <p>Filing Instructions</p> <p>When To File.—File Form W-8 or substitute form before a payment is made. Otherwise, the payer may have to withhold and send part of the payment to the Internal Revenue Service (see Backup Withholding below). This certificate</p> <p>generally remains in effect for three calendar years. However, the payer may require you to file a new certificate each time a payment is made to you.</p> <p>Where To File.—File this form with the payer of the qualifying income who is the withholding agent (see Withholding Agent on page 2). Keep a copy for your own records.</p> <p>Backup Withholding</p> <p>A U.S. taxpayer identification number or Form W-8 or substitute form must be given to the payers of certain income. If a taxpayer identification number or Form W-8 or substitute form is not provided or the wrong taxpayer identification number is provided, these payers may have to withhold 20% of each payment or transaction. This is called backup withholding.</p> <p>Note: On January 1, 1993, the backup withholding rate increases from 20% to 37%.</p> <p>Reportable payments subject to backup withholding rules are:</p> <ul style="list-style-type: none"> • Interest payments under section 6049(a). • Dividend payments under sections 6042(a) and 6044. • Other payments (i.e., royalties and payments from brokers and barter exchanges) under sections 6041, 6041A(a), 6045, 6050A, and 6050N. <p>If backup withholding occurs, an exempt foreign person who is a nonresident alien individual may get a refund by filing Form 1040NR, U.S. Nonresident Alien Income Tax Return, with the Internal Revenue</p>					
(Continued on back)					
<div style="display: flex; justify-content: space-between;"> Cat. No. 10230M Form W-8 (Rev. 11-92) </div>					

2.4. AFFIDAVIT OF TAX-EXEMPT FOREIGN STATUS

Purpose:

This form is used to state and prove your Foreign Status

Instructions:

- Access to folder named “Section B” of your seminar CD. Open file named “Aff. Tax Exempt FS”.
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**

AFFIDAVIT OF TAX-EXEMPT FOREIGN STATUS

For the purposes of this Affidavit, the terms "United States" and "U.S." mean only the Federal Legislative Democracy of the District of Columbia, Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, and any other Territory within the "United States," which entity has its origin and jurisdiction from Article 1, Section 8, Clause 17-18 and Article IV, Section 3, Clause 2 of the Constitution for the United States of America. The terms "United States" and "U.S." are NOT to be construed to mean or include the sovereign, united 50 states of America.

KNOW ALL MEN BY THESE PRESENT, that I, **<John Lee Doe>** Propria Persona, proceeding sui juris, man upon the land, a follower of the Almighty Supreme Creator, first and foremost and the laws of man when they are not in conflict (Leviticus 18:3, 4) Pursuant to Matthew 5:33 – 37 and James 5:12, let my yea be yea and my nay be nay, as supported by Federal Public Law 97-280, 96 Stat.1211 BEING DULY SWORN, depose and says:

1. Neither born nor naturalized in the "United States" nor "subject to its jurisdiction," I am NOT and never have been, as described in 26 CFR 1.1-1(c) and the 14th Amendment, a "U.S. citizen." Therefore I AM an "alien" with respect to the "United States."
2. I am NOT and never have been, as described in 26 USC 865(g)(1)(A), a "resident of the U.S."
3. I have NEVER made, with ANY "knowingly intelligent acts" (Brady v. U.S., 397 U.S. 742, 748), ANY voluntary election under 26 USC 6013 or 26 CFR 1.871-4 to be treated as a "U.S. resident alien" for any purpose. Further, I have utterly NO intention of making such election in the future.
4. I AM, as described in 26 USC 865(g)(1)(B), a "nonresident alien" of the "United States."
5. I am NOT and never have been, as described in 26 USC 7701(a)(30), a "U.S. person."
6. I am NOT and never have been, as described in 26 USC 7701(a)(14), a "taxpayer."
7. I do NOT have and never had, as described in 26 USC 911(d)(3), a "tax home within the U.S."
8. I AM therefore, as described in 26 CFR 1.871-2 and 26 USC 7701(b), a "nonresident alien" with respect to the "United States" and am outside the general venue and jurisdiction of the "U.S."

9. I am NOT and never have been, as described in 26 USC 3401, an "officer," or an "employee," or an "elected official" (of the "United States," or of a "State" or of any political subdivision thereof, nor of the District of Columbia, nor of a "domestic" corporation) earning "wages" from an "employer."
10. I am NOT and never have been, as described in 31 USC 3713, a "fiduciary," or, as described in 26 USC 6901, a "transferee" or a "transferee of a transferee."
11. I am NOT and never have been, as described in 26 USC Subtitle B, a "donor" or a "contributor," and as a "nonresident alien" excluded under 26 USC 2501(a)(2). I am EXEMPT from any gift tax under 26 USC Subtitle B.
12. As a "nonresident alien" NOT engaged in or effectively connected with any "trade or business within the United States" I am NOT REQUIRED by law to obtain a "U.S." Taxpayer Identification Number or a Social Security Number because of my exemption under 26 CFR 301.6109-1(g). Further, I am NOT REQUIRED by law to make, as described in 26 CFR 1.6015(a)-1, a "declaration" because I am exempt under 26 CFR 1.6015(i)-1 and fundamental law.
13. As a "nonresident alien," I have NO "self-employment income," as described in 26 CFR 1.1402(9b)-3(d).
14. As a "nonresident alien," I derived NO "gross income... from sources within the United States," —either "effectively connected" or "not effectively connected with the conduct of a trade or business in the United States," as described in 26 USC 872(a).
15. As a "nonresident alien," my private-sector remuneration is "from sources without the United States" as described in 26 CFR 1.1441-3(a), does NOT constitute 26 USC 3401 "wages," and is therefore NOT "subject to" mandatory withholding under 26 USC 3402(a), 3101(a), or 26 CFR 1.1441-1, because of its EXEMPTION under 26 USC 3401(a)(6) and fundamental law.
16. As a "nonresident alien," I did NEVER intentionally make, with ANY "knowingly intelligent acts," ANY voluntary withholding "agreement" as described in 26 USC 3402(p).
17. As a "nonresident alien," my income is NOT included in "gross income" under Subtitle A and is EXEMPT from withholding according to 26 CFR 1.441-3(a) and 26 CFR 31.3401(a)(6)-1(b).
18. As a "nonresident alien," with NO income "from sources within the United States," my private-sector, non-"U.S." income is FREE from all federal tax under fundamental law (see Treasury Decisions 3146 and 3640, and United States v. Morris, 125 F.Rept. 322, 331).

19. As a "nonresident alien," my estate and/or trust is, as described in 26 USC 7701(a)(31), a TAX-EXEMPT "foreign estate or trust."
20. As a "natural born Citizen" (see 11:1:5 of the Constitution), free Sovereign, American Citizen and "nonresident alien" with respect to the federal "United State," I did NEVER voluntarily, intentionally waive, with ANY "knowingly intelligent acts" ANY of my unalienable rights, and have utterly NO intention of doing so in the future. Any prima facie evidence or presumption to the contrary is hereby rebutted. Any past signatures on DEPARTMENT OF THE UNITED STATES TREASURY, INTERNAL REVENUE SERVICE (IRS) and SOCIAL SECURITY ADMINISTRATION (SSA) forms, statements, etc., were in error and involuntarily made under threat, duress, and coercion. I hereby revoke, cancel and render void, Nunc Pro Tunc, both currently and retroactively to the time of signing, any and all such signatures. I reserve my Common Law right NOT to be compelled to perform under any agreement that I have not entered into knowingly, voluntarily, and intentionally. I DO NOT accept the liability of the "compelled benefit" of any unrevealed adhesion contract, commercial security agreements, or bankruptcy.
21. I am NOT a 26 USC 7203 "person required." I am a "nontaxpayer" outside both general and tangential venue and jurisdiction of Title 26, United States Code.

I am not an expert in the law however I do know right from wrong. If there is any human being damaged by any statements herein, if he will inform me by facts I will sincerely make every effort to amend my ways. I, hereby and herein reserve the right to amend and make amendment to this document as necessary in order that the truth may be ascertained and proceedings justly determined. If the parties given notice by means of this document have information that would controvert and overcome this Affidavit, please advise me in WRITTEN AFFIDAVIT FORM within fifteen (30) days from receipt hereof proving me with your counter affidavit, proving with particularity by stating all requisite actual law, that this Affidavit Statement is substantially and materially false sufficiently to change materially my status and factual declarations. Your silence stands as consent to, and tacit approval of, the factual declarations herein being established as fact as a matter of law. Reserving ALL Natural God - Given Unalienable Birthrights, Waiving None Ever under 28 USC §1746 rights and without prejudice to ANY of those rights (U.C.C. 1-207).

I declare under penalty of perjury under the law of the United States of America that the foregoing is true and correct Pursuant 28 USC § 1746 and executed "without the United States"

FURTHER THIS AFFIANT SAITH NOT.

Subscribed, sealed, and affirmed to this day, _____, month, _____, and year of _____, I hereby affix my own signature and seal to all of the above affirmations with explicit reservation of ALL my unalienable rights and without prejudice to ANY of those rights Pursuant to U.C.C § 1-103, 1-105, 1-207, 1-308, 3-419.

By: _____
Secured Party / Executor / Administrator / Trustee

Let this document stand as truth before the Almighty Supreme Creator and let it be established before men according as the scriptures saith: *"But if they will not listen, take one or two others along, so that every matter may be established by the testimony of two or three witnesses." Matthew 18:16. "In the mouth of two or three witnesses, shall every word be established" 2 Corinthians 13:1.*

By: _____
Secured Party / Executor / Administrator / Trustee
(FIRST WITNESS)

By: _____
Secured Party / Executor / Administrator / Trustee
(SECOND WITNESS)

By: _____
Secured Party / Executor / Administrator / Trustee
(THIRD WITNESS)

2.5. REVOCATION AND TERMINATION OF **FRANCHISE**

Purpose:

This form is to establish ownership of Franchise / Strawman / Corporate self.

Instructions:

- Access to folder named “Section B” of your seminar CD. Open file named “Rev & Term Franch”.
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**

AFFIDAVIT
Resolution, Revocation, and Termination of Franchise

KNOW ALL MEN BY THESE PRESENT, that I, **<John Lee Doe>** Propria Persona, proceeding sui juris, man upon the land, a follower of the Almighty Supreme Creator, first and foremost and the laws of man when they are not in conflict (Leviticus 18:3, 4) Pursuant to Matthew 5:33 – 37 and James 5:12, let my yea be yea and my nay be nay, as supported by Federal Public Law 97-280, 96 Stat.1211 BEING DULY SWORN, depose and says:

WHEREAS, the FRANCHISE, BIRTH, and/or TRUST CERTIFICATE was created and offered fraudulently and deceitfully, supposedly to aid in the Census, as a means of identification, to document a birth, and for health reasons and purposes;

WHEREAS, the true nature of the BIRTH CERTIFICATE is an unrevealed commercial agreement and unconscionable adhesion contract with an Agency of the federal, corporate United States, the Department of Commerce; the true nature of the DATE OF BIRTH is to execute the birth of the certificate (by signing, filing, and recording), not the "natural" person;

WHEREAS, the BIRTH CERTIFICATE is a TRUST INSTRUMENT recorded with the County Recorder, a subsidiary of the Secretary of State (of the several states), sent to the Bureau of Census, a division of the Department of Commerce (Washington, D.C.), placing the above "name" in commerce as a legal "person" (e.g., Corporation, trust, trustee) district-distinct and separate from the "natural-born citizen";

WHEREAS, the Secretary of State (of the several states) issues and charters corporations and franchises, that any American citizen with a BIRTH CERTIFICATE is liable to the Franchise Tax Board of the State Department of Revenue for income taxes, and the federal, corporate United States for its debt obligations to the Federal Reserve bank;

WHEREAS, this TRUST INSTRUMENT has deceived the above "name" into an unrevealed contract placing both myself and my fellow American citizens under the jurisdiction of the federal United States with its tax and regulating authority originating from the Department of Commerce pursuant to the authority of the Constitution for the United States of America (1791), and under the jurisdiction of the equity, admiralty, or maritime jurisdictions of the federal court system and the Uniform Commercial Code (UCC);

"To regulate Commerce with foreign Nations, and among the several states, and with the Indian Tribes:" — U.S. Constitution, Article 1, Section 0, Clause 3.

I, **John Lee Doe**, have already declared and established "sui juris" status in connection with both my property and "name." I demand a certified copy with my signed authorization of all documents or contracts being "held-in-due-course," pursuant to UCC 3-305.2, UCC 3-305.52, and UCC 3-305, that create ANY legal disability to the claimed "sui juris" states and "alieni juris" relating to my "name." My "name" is my property, and for my "name" to enjoy "sui

juris" status, that "name" must be free of legal disability resulting from a contract or commercial agreement, which is being "held-in-due-course" by a fellow citizen or by any agency of the federal, state, county, or municipal government.

THEREFORE BE IT RESOLVED, that it is deemed necessary that I, **John Lee Doe**, separate myself from the fraudulent FRANCISE, BIRTH, and/or TRUST CERTIFICATE herein attached, and will no longer be associated with it except as necessary to terminate the franchise.

I, **John Lee Doe**, hereby REVOKE all powers, including, but not limited to, Powers of Attorney and Agency. I hereby DISSOLVE and TERMINATE any franchise connected to with the below document, certificate, or trust instrument. I hereby remove all commercial activity, including, but not limited to, the LIMITED LIABILITY for the payment of debt. I hereby release the Department of Commerce, its agents and fiduciaries, of their obligation to perform any commercial duties or responsibilities towards me. I am NOT in commerce or involved in any commercial activity with the federal corporate United States government or any subsidiary.

I am not an expert in the law however I do know right from wrong. If there is any human being damaged by any statements herein, if he will inform me by facts I will sincerely make every effort to amend my ways. I, hereby and herein reserve the right to amend and make amendment to this document as necessary in order that the truth may be ascertained and proceedings justly determined. If the parties given notice by means of this document have information that would controvert and overcome this Affidavit, please advise me in WRITTEN AFFIDAVIT FORM within fifteen (30) days from receipt hereof proving me with your counter affidavit, proving with particularity by stating all requisite actual law, that this Affidavit Statement is substantially and materially false sufficiently to change materially my status and factual declarations. Your silence stands as consent to, and tacit approval of, the factual declarations herein being established as fact as a matter of law. Reserving ALL Natural God - Given Unalienable Birthrights, Waiving None Ever under 28 USC §1746 rights and without prejudice to ANY of those rights (U.C.C. 1-207).

I declare under penalty of perjury under the law of the United States of America that the foregoing is true and correct Pursuant 28 USC § 1746 and executed "without the United States"

FURTHER THIS AFFIANT SAITH NOT.

Subscribed, sealed, and affirmed to this day, _____, month, _____, and year of _____, I hereby affix my own signature and seal to all of the above affirmations with explicit reservation of ALL my unalienable rights and without prejudice to ANY of those rights Pursuant to U.C.C § 1-103, 1-105, 1-207, 1-308, 3-419.

By: _____
Secured Party / Executor / Administrator / Trustee

Let this document stand as truth before the Almighty Supreme Creator and let it be established before men according as the scriptures saith: *"But if they will not listen, take one or two others along, so that every matter may be established by the testimony of two or three witnesses." Matthew 18:16. "In the mouth of two or three witnesses, shall every word be established" 2 Corinthians 13:1.*

By: _____
Secured Party / Executor / Administrator / Trustee
(FIRST WITNESS)

By: _____
Secured Party / Executor / Administrator / Trustee
(SECOND WITNESS)

By: _____
Secured Party / Executor / Administrator / Trustee
(THIRD WITNESS)

2.6. HOLD HARMLESS AGREEMENT

Purpose:

This form is to create an agreement or contract in which one party agrees to hold the other free from the responsibility for any liability or damage that might arise out of the transaction involved.

Instructions:

- Access to folder named “Section B” of your seminar CD. Open file named “Hold Harmless”.
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- Document has to be notarized.

HOLD HARMLESS AND INDEMNITY AGREEMENT

No. **Your3Initials0001HHIA**

Non Negotiable between the Parties

PARTIES

Bailor: **JOHN LEE DOE**
STRAWMAN PO BOX ADDRESS
CITY, STATE & ZIP

Bailee: **John Lee Doe**
410 Real Man's Street Address
City, State, near [ZIP]
Non-domestic without the US

AGREEMENT

- I. On this _____ day of the month of _____, in year of YHVH two thousand ~~year~~, this Hold Harmless and Indemnity Agreement is mutually agreed upon and permanently entered between the juristic person **JOHN LEE DOE, JOHN L DOE, JOHN DOE, Etc.**, a debtor, herein the Bailor, including, but not limited to, any and all variations and derivatives in spelling of said name except **John Lee Doe**, or any and all variations of said name, and the living, breathing, flesh-and-blood **man/woman**, known by the distinctive appellation **John Lee Doe**, and including, but not limited to **John Lee Doe, John Lee Doe, John L Doe, John Doe, or JL Doe**, and any and all variations and derivatives in spelling of said name, a creditor, herein the Bailee.
- II. For valuable consideration, Bailor, without benefit of discussion, and without division, does hereby expressly agree, covenant, and undertake the indemnification of, and does hold harmless Bailee from and against, but not limited to any and all: claims or legal actions, orders, warrants, judgments, demands, liabilities, losses, depositions, summons[es], lawsuits, costs, fines, liens, levies, penalties, damages, interests, and expenses whatsoever, both absolute and contingent, as are due or may hereafter arise, to include any such claims and the like that may hereafter arise with regard to any and all Collateral of Bailor, including, but not limited to all Collateral described on Bailor's List of Collateral, by separate document, presented herewith. Bailor does hereby expressly covenant and agree that Bailee shall not under any circumstances be considered an accommodating party nor a surety for Bailor.

WORDS DEFINED GLOSSARY OF TERMS

As used in this Hold Harmless and Indemnity Agreement, the following words and terms are as defined in this section, non obstante:

1. **Appellation**: "A general term introduces and specifies a particular term used in addressing, greeting, calling out for, and making appeals of a particular living breathing flesh and blood **man/woman**."
2. **Bailee**: **John Lee Doe** "In the law of contracts. One to whom goods are bailed; the party to whom personal property is delivered under a contract of bailment." See *Black's Law Dictionary*, 1st ed.
3. **Bailment**: "BAILMENT. A delivery of goods or personal property, by one person to another, in trust for the execution of a special object upon or in relation to such goods, beneficial either to the bailor or bailee or both, and upon a contract, express or implied, to perform the trust and carry out such object, and thereupon either to redeliver the goods to the bailor or otherwise dispose of the same in conformity with the purpose of the trust. See Code Ga. 1882, § 2058. See *Black's Law Dictionary*, 1st ed.

4. **Bailor:** **JOHN LEE DOE** "The party who bails or delivers goods to another, in the contract of bailment. See *Black's Law Dictionary*, 1st ed.

5. **Collateral:** In this Security Agreement the term "Collateral" means any property and property rights of Debtor, now owned and hereafter acquired, now existing and hereafter arising, and wherever located, with ownership either in the name of Debtor or in the name of another in which the Debtor holds a beneficial interest, and secures the entire obligation or amount of indebtedness. "Collateral" includes but is not limited by any of the following: (a) Any accessions, increases, and additions, replacements of, or substitutions for, any property described in Bailor's List of Collateral presented by separate document; (b) Any products, produce, or proceeds of any of the property described in Bailor's List of Collateral presented by separate document; (c) Any accounts, general intangibles, instruments, monies, payments, or contract rights, or any other rights, arising out of sale, lease, or other disposition of any of the property described in Bailor's List of Collateral presented by separate document; (d) Any proceeds, including insurance, bond, general intangibles, or account(s) proceeds, from the sale, destruction, loss, or other disposition of any of the property described in Bailor's List of Collateral presented by separate document; (e) Any records or data involving any property described in Bailor's List of Collateral presented by separate document, not limited by any writing, photograph, microfilm, microfiche, tape, electronic media, or the like, together with any of Debtor's right, title, or interest in any computer software or hardware required for utilizing, creating, maintaining, and processing any such records or data in any electronic media.

6. **Conduit:** "Conduit signifies means of transmitting and distributing energy and affects the production of labor such as goods or services by way of **JOHN LEE DOE, JOHN L DOE, JOHN DOE, J DOE, OR JLD** including, but not limited to, any and all variations and derivatives of Bailee except **John Lee Doe** or any variations and derivatives thereof."

7. **Creditor:** "Means **John Lee Doe** as creditor and Bailee, means a person to whom a debt is owing by another person who is the "debtor." One who has a right to require the fulfillment of an obligation or contract. One to whom money is due, and in ordinary acceptance, has reference to financial or business transactions. The antonym of "debtor." See also *Black's Law Dictionary*, 6th ed. And UCC § 1-201 (12) (Secured Party).

8. **Debtor:** **THE ORGANIZATION "JOHN LEE DOE, JOHN L DOE, JOHN DOE, J DOE, OR JLD** means including, but not limited to, any and all variations and derivatives in spelling of said name except **John Lee Doe.**" One who owes a debt; he who may be compelled to pay a claim or demand and UCC § 9-105 (1) (d). See also *Black's Law Dictionary*, 3rd ed.

9. **Derivative:** "Coming from another, taken from something preceding, secondary; that which has not the origin in itself, but obtains existence from something foregoing and a fundamental nature; anything derived from another." See *Black's Law Dictionary*, 3rd ed.

10. **Ens legis:** "A creature of the law; an artificial being, as contrasted with a natural person, Applied to corporation, considered as deriving its existence entirely from the law." See *Black's Law Dictionary*, 3rd ed.

11. **Juristic person:** "An abstract legal entity ens legis such as a corporation created by construct of law considered possessing certain legal rights/duties of a human being; an imaginary entity, such as Debtor, i.e. **JOHN LEE DOE** upon basis of legal reasoning, is legally treated as a human being for purpose of conducting commercial activity for benefit of a biological living being such as Creditor." See also *Black's Law Dictionary*, 7th ed

12. **JOHN LEE DOE:** "The Debtor **JOHN LEE DOE, JOHN L DOE, JOHN DOE, J DOE, OR JLD** means **JOHN LEE DOE** including, but not limited to, any and all variations and derivatives in the spelling of said name except **John Lee Doe.**"

13. Living breathing flesh and blood man: "The Creditor **John Lee Doe** Bailee a sentient living being, as distinguished from an artificial legal construct, ens legis, i.e. a juristic person, created by contract of law."

14. Non obstatante: "Notwithstanding words anciently used in public and private instruments with intent of precluding in advance 'any interpretation' other than certain declared objects, purposes." *See also Black's Law Dictionary, 3rd ed*

15. Sentient living being: "The Creditor, i.e. **John Lee Doe** Bailee a living breathing flesh and blood **man/ woman**, as distinguished from an abstract legal construct such as an artificial entity, juristic person, corporation, partnership, association."

16. Transmitting Utility: "The term transmitting utility means a conduit, e.g., the Debtor, i.e. **JOHN LEE DOE**," including, but not limited to, any and all variations and derivatives in the spelling of said name except **John Lee Doe**.

17. U.C.C.: "U.C.C. Means Uniform Commercial Code."

SIGNATURES

Bailee accepts all signatures in accordance with the Uniform Commercial Code and acknowledges Bailor's signature as representative of all derivations thereof

This Hold – Harmless and Indemnity Agreement No. **YourThreeInitials0001HHIA** is dated: the ____ day of _____ in the year of A.D. 2009.

Bailor: **JOHN LEE DOE**

Bailee: **John Lee Doe**

/s/ _____
Bailor's Signature

Bailee's Signature

Signature Holder or Bailee accepts Bailor's signature in accord with UCC §§ 3-201(28), 3-401 and accepts for value this Hold – Harmless and Indemnity Agreement and any of Bailor's Collateral described herein and on Attachment 'A'.

Autograph Common Law Trade-name 2008 by John Lee Doe. All Rights Reserved.

State of **YOUR STATE**)
County of **YOUR COUNTY**) ss.

State of **YOUR STATE**)
County of **YOUR COUNTY**) ss.

On this ____ day of _____, 2009, before me personally appeared **JOHN LEE DOE**, known to me to be the party whose name is subscribed to this written instrument, and acknowledged that he/she executed the same for the purpose therein contained.

On this ____ day of _____, 2009, before me personally appeared, **John Lee Doe** known to me to be the party whose name is subscribed to this written instrument, and acknowledged that he/she executed the same for the purpose therein contained.

WITNESS MY HAND
AND OFFICIAL SEAL.

WITNESS MY HAND
AND OFFICIAL SEAL.

Notary Public SEAL/TERM

Notary Public SEAL/TERM

INITIALS: _____

3 of 3

Initials: _____

SECTION C

IRS forms SS4 and 8832.

Each document has to be mailed separately to your regional IRS Office certified mail return receipt.



U.S. Postal Service
CERTIFIED MAIL... RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Postmark Here

Serial No.
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

PS Form 3811, February 2004 PSN 7530-02-000-9000

3.1. SS4

This blank form is the same form used for all SS4 documents. However, these forms will differentiate between estate, trust and corporation.

3.1.1. FOR FOREIGN TRUST (98-SERIES EIN)

Purpose:

This form is to establish a foreign trust that is tax-exempt and is foreign to U.S. jurisdiction.

Instructions:

- Fill out the form with your personal information following the example BELOW.
- Call IRS at 1-267-941-1000 or 1-267-941-1099.
- Push-3 in automated system.
- They may require you to fax over SS-4 form, be prepared.
- You are the trustee.
- IRS will try to add the word **TRUST** after your name. This is not acceptable you must have the 98-Series trust needs to be just your name. Tell the IRS agent the TRUST has already been created, it is about to receive income. If the IRS can not provide an EIN # for your name as the trust, than request a letter from them that this entity is tax exempt and not required to file taxes.

Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003 EIN
Type or print clearly.	1	Legal name of entity (or individual) for whom the EIN is being requested JOHN LEE DOE		
	2	Trade name of business (if different from name on line 1)		
	3	Executor, administrator, trustee, "care of" name John Lee Doe, Trustee		
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) Mailing Address		
	5a	Street address (if different) (Do not enter a P.O. box.) Foreign Address		
	4b	City, state, and ZIP code (if foreign, see instructions) City State (Zip Code)		
	5b	City, state, and ZIP code (if foreign, see instructions) Foreign City, Country, Zip code		
	6	County and state where principal business is located Foreign City, and Country		
	7a	Name of responsible party John L. Doe		
	7b	SSN, ITIN, or EIN Social Security Number		
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8b	If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9a	Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Trust (TIN of trustee) <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ▶ foreign trust/ or foreign central bank of issue <input type="checkbox"/> Group Exemption Number (GEN) if any ▶			
9b	If a corporation, name the state or foreign country (if applicable) where incorporated State n/a Foreign country n/a			
10	Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Bonding purpose (specify purpose) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business <input checked="" type="checkbox"/> Other (specify) ▶ W8 <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶			
11	Date business started or acquired (month, day, year). See instructions. Today's Date			
12	Closing month of accounting year December			
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. Agricultural 0 Household 0 Other 0			
14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>			
15	First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) 0			
16	Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) contracts/commercial paper <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Third Party Designee		Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name Address and ZIP code Designee's telephone number (include area code) Designee's fax number (include area code) Applicant's telephone number (include area code) Applicant's fax number (include area code)		
Signature ▶		Date ▶		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Cat. No. 16055N Form SS-4 (Rev. 1-2010)		

3.1.2. FOR NAME AS AN ESTATE (45-SERIES EIN)

Purpose:

This form is to establish an Estate of which the Federal Government has no jurisdiction.

Instructions:

- Fill out the form with your personal information following the example BELOW.

Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003 EIN							
Type or print clearly.	1	Legal name of entity (or individual) for whom the EIN is being requested JOHN LEE DOE									
	2	Trade name of business (if different from name on line 1)		3	Executor, administrator, trustee, "care of" name John Lee Doe, Executor						
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) Mailing Address		5a	Street address (if different) (Do not enter a P.O. box.)						
	4b	City, state, and ZIP code (if foreign, see instructions) City State (Zip Code)		5b	City, state, and ZIP code (if foreign, see instructions)						
	6	County and state where principal business is located County and State									
	7a	Name of responsible party John L. Doe		7b	SSN, ITIN, or EIN Social Security Number						
	8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b	If 8a is "Yes," enter the number of LLC members						
	8c	If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
	9a	Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.									
	<input type="checkbox"/> Sole proprietor (SSN) _____		<input type="checkbox"/> Estate (SSN of decedent) _____								
<input type="checkbox"/> Partnership _____		<input type="checkbox"/> Plan administrator (TIN) _____									
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____		<input type="checkbox"/> Trust (TIN of grantor) _____									
<input type="checkbox"/> Personal service corporation _____		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government									
<input type="checkbox"/> Church or church-controlled organization _____		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military									
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises									
<input checked="" type="checkbox"/> Other (specify) ▶ estate / or central bank of issue		Group Exemption Number (GEN) if any ▶ _____									
9b	If a corporation, name the state or foreign country (if applicable) where incorporated		State n/a	Foreign country n/a							
10	Reason for applying (check only one box)										
<input type="checkbox"/> Started new business (specify type) ▶ _____		<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____									
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____									
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business									
<input checked="" type="checkbox"/> Other (specify) ▶ W8		<input type="checkbox"/> Created a trust (specify type) ▶ _____									
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____											
11	Date business started or acquired (month, day, year). See instructions. Today's Date		12 Closing month of accounting year December								
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td>0</td><td>0</td><td>0</td></tr></table>					Agricultural	Household	Other	0	0	0
Agricultural	Household	Other									
0	0	0									
14	If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>										
15	First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year). ▶ _____										
16	Check one box that best describes the principal activity of your business.										
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker									
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail									
<input checked="" type="checkbox"/> Other (specify) contracts/commercial paper											
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.										
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____										
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.										
	Designee's name		Designee's telephone number (include area code) ()								
	Address and ZIP code		Designee's fax number (include area code) ()								
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.				Applicant's telephone number (include area code) () Home #							
Name and title (type or print clearly) ▶ John Doe Lee, Executor				Applicant's fax number (include area code) () Fax #							
Signature ▶ _____				Date ▶ _____							
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.											
				Cat. No. 16055N Form SS-4 (Rev. 1-2010)							

3.1.3. FOR NAME AS A CORPORATION (45-SERIES EIN)

Purpose:

This form is to register ownership of Franchise / Strawman / Corporate self.

Instructions:

- Fill out the form with your personal information following the example BELOW.

Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003
			EIN	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested JOHN LEE DOE			
	2 Trade name of business (if different from name on line 1) Mailing Address		3 Executor, administrator, trustee, "care of" name John Lee Doe, Administrator	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) City State (Zip Code)		5a Street address (if different) (Do not enter a P.O. box.) City, state, and ZIP code (if foreign, see instructions)	
	4b City, state, and ZIP code (if foreign, see instructions) County and State		5b City, state, and ZIP code (if foreign, see instructions)	
	6 County and state where principal business is located County and State			
	7a Name of responsible party John L. Doe		7b SSN, ITIN, or EIN Social-Security-Number	
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ corporation / or central bank of issue <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Group Exemption Number (GEN) if any ▶			
	9b If a corporation, name the state or foreign country (if applicable) where incorporated State n/a Foreign country n/a			
10 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ W8				
11 Date business started or acquired (month, day, year). See instructions. Today's Date		12 Closing month of accounting year December		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. Agricultural 0 Household 0 Other 0		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶				
16 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) contracts/commercial paper				
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.				
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶				
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
	Designee's name Address and ZIP code		Designee's telephone number (include area code) () Designee's fax number (include area code) ()	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) () Home #		
Name and title (type or print clearly) ▶ John Doe Lee, Administrator		Applicant's fax number (include area code) () Fax #		
Signature ▶		Date ▶		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 1-2010)				

Form SS-4 (Rev. January 2010) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.	OMB No. 1545-0043 EIN
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located	
	7a Name of responsible party	7b SSN, ITIN, or EIN
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input type="checkbox"/> No	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any: _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State _____ Foreign country _____
10 Reason for applying (check only one box)		
<input type="checkbox"/> Started new business (specify type) _____ <input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) _____ <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Created a pension plan (specify type) _____ <input checked="" type="checkbox"/> Other (specify) _____		
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural _____ Household _____ Other _____		
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) _____		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," write previous EIN here _____		
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	
Name and title (type or print clearly) _____		Applicant's telephone number (include area code)
Signature _____ Date _____		Applicant's fax number (include area code)
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 15055N Form SS-4 (Rev. 1-2010)		

3.2. 8832 FORM

Purpose:

This form is used to have your SSN / CORPORATION / ESTATE entities classified and assigned to your 98-SERIES FOREIGN TRUST.

This same form is used for entity classification of the SSN / CORPORATION / ESTATE and assignment to your 98-SERIES EIN.

The blank form is the same form used for all 8832 documents. However, these forms will differentiate between estate, trust and corporation.

3.2.1. ASSIGNING SOCIAL

Instructions:

- Fill out the form with your personal information following the example BELOW.

Form 8832 (Rev. February 2010) Department of the Treasury Internal Revenue Service		Entity Classification Election		OMB No. 1545-1516
Type or Print	Name of eligible entity making election JOHN HENRY DOE, dba JOHN HENRY DOE			Employer identification number 123-45-6789
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 123 Any street			
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code. Any town, St 12345			
▶ Check if: <input type="checkbox"/> Address change				
1 Type of election (see instructions):				
a <input type="checkbox"/> Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.				
b <input checked="" type="checkbox"/> Change in current classification. Go to line 2a.				
2a Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?				
<input type="checkbox"/> Yes. Go to line 2b.				
<input checked="" type="checkbox"/> No. Skip line 2b and go to line 3.				
2b Was the eligible entity's prior election for initial classification by a newly formed entity effective on the date of formation?				
<input type="checkbox"/> Yes. Go to line 3.				
<input type="checkbox"/> No. Stop here. You generally are not currently eligible to make the election (see instructions).				
3 Does the eligible entity have more than one owner?				
<input type="checkbox"/> Yes. You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5.				
<input checked="" type="checkbox"/> No. You can elect to be classified as an association taxable as a corporation or disregarded as a separate entity. Go to line 4.				
4 If the eligible entity has only one owner, provide the following information:				
a Name of owner ▶ John H Doe 98 EIN Person				
b Identifying number of owner ▶ 98-1234567				
5 If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:				
a Name of parent corporation ▶ N/A				
b Employer identification number ▶ N/A				
For Paperwork Reduction Act Notice, see instructions.				
Cat. No. 22598R				
Form 8832 (Rev. 2-2010)				

6 **Type of entity** (see instructions):

- a ☐ A domestic eligible entity electing to be classified as an association taxable as a corporation.
- b ☐ A domestic eligible entity electing to be classified as a partnership.
- c ☐ A domestic eligible entity with a single owner electing to be disregarded as a separate entity.
- d ☐ A foreign eligible entity electing to be classified as an association taxable as a corporation.
- e ☐ A foreign eligible entity electing to be classified as a partnership.
- f ☒ A foreign eligible entity with a single owner electing to be disregarded as a separate entity.

7 If the eligible entity is created or organized in a foreign jurisdiction, provide the foreign country of organization ► **United states republic**

8 Election is to be effective beginning (month, day, year) (see instructions) **B-day**

9 Name and title of contact person whom the IRS may call for more information
John Henry Doe Secured Party

10 Contact person's telephone number
123-456-7890

Consent Statement and Signature(s) (see instructions)

Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete. If I am an officer, manager, or member signing for all members of the entity, I further declare that I am authorized to execute this consent statement on their behalf.

[illegible]

3.2.2. ASSIGNING ESTATE

Instructions:

- Fill out the form with your personal information following the example BELOW.

Form 8832 (Rev. February 2010) Department of the Treasury Internal Revenue Service	Entity Classification Election	OMB No. 1545-1516
Type or Print	Name of eligible entity making election JOHN HENRY DOE, dba JOHN HENRY DOE	
	Employer identification number 45-XXXXXXX	
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 123 Any street	
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code. Any town, St 12345	
Check if: <input type="checkbox"/> Address change		
1 Type of election (see instructions):		
a <input type="checkbox"/> Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3. b <input checked="" type="checkbox"/> Change in current classification. Go to line 2a.		
2a Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?		
<input type="checkbox"/> Yes. Go to line 2b. <input checked="" type="checkbox"/> No. Skip line 2b and go to line 3.		
2b Was the eligible entity's prior election for initial classification by a newly formed entity effective on the date of formation?		
<input type="checkbox"/> Yes. Go to line 3. <input type="checkbox"/> No. Stop here. You generally are not currently eligible to make the election (see instructions).		
3 Does the eligible entity have more than one owner?		
<input type="checkbox"/> Yes. You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5. <input checked="" type="checkbox"/> No. You can elect to be classified as an association taxable as a corporation or disregarded as a separate entity. Go to line 4.		
4 If the eligible entity has only one owner, provide the following information:		
a Name of owner ▶ John H Doe 98 EIN Person		
b Identifying number of owner ▶ 98-1234567		
5 If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:		
a Name of parent corporation ▶ N/A		
b Employer identification number ▶ N/A		
For Paperwork Reduction Act Notice, see instructions. Cat. No. 22598R Form 8832 (Rev. 2-2010)		

6 **Type of entity** (see instructions):

- a ☐ A domestic eligible entity electing to be classified as an association taxable as a corporation.
b ☐ A domestic eligible entity electing to be classified as a partnership.
c ☐ A domestic eligible entity with a single owner electing to be disregarded as a separate entity.
d ☐ A foreign eligible entity electing to be classified as an association taxable as a corporation.
e ☐ A foreign eligible entity electing to be classified as a partnership.
f ☒ A foreign eligible entity with a single owner electing to be disregarded as a separate entity.

7 If the eligible entity is created or organized in a foreign jurisdiction, provide the foreign country of organization ► United states republic

8 Election is to be effective beginning (month, day, year) (see instructions) **B-day**

9 Name and title of contact person whom the IRS may call for more information
John Henry Doe Executor

10 Contact person's telephone number
123-456-7890

Consent Statement and Signature(s) (see instructions)

Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete. If I am an officer, manager, or member signing for all members of the entity, I further declare that I am authorized to execute this consent statement on their behalf.

[illegible]

3.2.3. ASSIGNING CORPORATION

Instructions:

- Fill out the form with your personal information following the example BELOW.

Form 8832 (Rev. February 2010) Department of the Treasury Internal Revenue Service		Entity Classification Election		OMB No. 1545-1516
Type or Print	Name of eligible entity making election JOHN HENRY DOE, dba JOHN HENRY DOE		Employer identification number 45-XXXXXXX	
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O 123 Any street			
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code. Any town, St [12345]			
▶ Check if: <input type="checkbox"/> Address change				
1 Type of election (see instructions):				
a <input type="checkbox"/> Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.				
b <input checked="" type="checkbox"/> Change in current classification. Go to line 2a.				
2a Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?				
<input type="checkbox"/> Yes. Go to line 2b.				
<input checked="" type="checkbox"/> No. Skip line 2b and go to line 3.				
2b Was the eligible entity's prior election for initial classification by a newly formed entity effective on the date of formation?				
<input type="checkbox"/> Yes. Go to line 3.				
<input type="checkbox"/> No. Stop here. You generally are not currently eligible to make the election (see instructions).				
3 Does the eligible entity have more than one owner?				
<input type="checkbox"/> Yes. You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5.				
<input checked="" type="checkbox"/> No. You can elect to be classified as an association taxable as a corporation or disregarded as a separate entity. Go to line 4.				
4 If the eligible entity has only one owner, provide the following information:				
a Name of owner ▶ John H Doe 98 EIN Person				
b Identifying number of owner ▶ 98-1234567				
5 If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:				
a Name of parent corporation ▶ N/A				
b Employer identification number ▶ N/A				
For Paperwork Reduction Act Notice, see instructions.				
Cat. No. 22598R			Form 8832 (Rev. 2-2010)	

6 **Type of entity** (see instructions):

- a ☐ A domestic eligible entity electing to be classified as an association taxable as a corporation.
b ☐ A domestic eligible entity electing to be classified as a partnership.
c ☐ A domestic eligible entity with a single owner electing to be disregarded as a separate entity.
d ☐ A foreign eligible entity electing to be classified as an association taxable as a corporation.
e ☐ A foreign eligible entity electing to be classified as a partnership.
f ☒ A foreign eligible entity with a single owner electing to be disregarded as a separate entity.

7 If the eligible entity is created or organized in a foreign jurisdiction, provide the foreign country of organization ► **United states republic**

8 Election is to be effective beginning (month, day, year) (see instructions) 3-day

9 Name and title of contact person whom the IRS may call for more information
John Henry Doe Administrator

10 Contact person's telephone number
123-456-7890

Consent Statement and Signature(s) (see instructions)

[illegible]

Entity Classification Election

OMB No. 1545-1516

Type or Print	Name of eligible entity making election	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City or town, state, and ZIP code. If a foreign address, enter city, province or state, postal code and country. Follow the country's practice for entering the postal code.	

▶ Check if: ☐ Address change

1 Type of election (see instructions):

- a** ☐ Initial classification by a newly-formed entity. Skip lines 2a and 2b and go to line 3.
b ☐ Change in current classification. Go to line 2a.

2a Has the eligible entity previously filed an entity election that had an effective date within the last 60 months?

- ☐ Yes. Go to line 2b.
☐ No. Skip line 2b and go to line 3.

2b Was the eligible entity's prior election for initial classification by a newly formed entity effective on the date of formation?

- ☐ Yes. Go to line 3.
☐ No. Stop here. You generally are not currently eligible to make the election (see instructions).

3 Does the eligible entity have more than one owner?

- ☐ Yes. You can elect to be classified as a partnership or an association taxable as a corporation. Skip line 4 and go to line 5.
☐ No. You can elect to be classified as an association taxable as a corporation or disregarded as a separate entity. Go to line 4.

4 If the eligible entity has only one owner, provide the following information:

- a** Name of owner ▶ _____
b Identifying number of owner ▶ _____

5 If the eligible entity is owned by one or more affiliated corporations that file a consolidated return, provide the name and employer identification number of the parent corporation:

- a** Name of parent corporation ▶ _____
b Employer identification number ▶ _____

6 Type of entity (see instructions):

- a ☐ A domestic eligible entity electing to be classified as an association taxable as a corporation.
- b ☐ A domestic eligible entity electing to be classified as a partnership.
- c ☐ A domestic eligible entity with a single owner electing to be disregarded as a separate entity.
- d ☐ A foreign eligible entity electing to be classified as an association taxable as a corporation.
- e ☐ A foreign eligible entity electing to be classified as a partnership.
- f ☐ A foreign eligible entity with a single owner electing to be disregarded as a separate entity.

7 If the eligible entity is created or organized in a foreign jurisdiction, provide the foreign country of organization ►

8 Election is to be effective beginning (month, day, year) (see instructions) ▶ _____

9 Name and title of contact person whom the IRS may call for more information

10 Contact person's telephone number

Consent Statement and Signature(s) (see Instructions)

Under penalties of perjury, I (we) declare that I (we) consent to the election of the above-named entity to be classified as indicated above, and that I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete. If I am an officer, manager, or member signing for all members of the entity, I further declare that I am authorized to execute this consent statement on their behalf.

[illegible]

4.1 COVER LETTER - 2

JOHN LEE DOE
C/O ANYWHERE ADDRESS
CITY, STATE AND [ZIP CODE]

DATE: FEBRUARY 11, 2012

THE FOLLOWING ITEMS WERE SENT VIA USPS CERTIFIED MAIL RETURN
RECEIPT NUMBER: **RA 035 316 840 US** ACCEPTED FOR VALUE AND EXEMPT
FROM LEVY. **PLEASE RELEASE/RECONVEY ANY AND ALL SECURITY
INTEREST IN MY BIRTH CERTIFICATE/NATURALIZED CERTIFICATE # TO ME.**
THAN CREDIT AND DEPOSIT TO POST REGISTERED ACCOUNT NUMBER:
ORIGINAL POST REGISTERED MAIL NUMBER AND PASS THROUGH
ACCOUNT NUMBERS: **123456789 / Z12345678**

1. COVER LETTER
2. NOTICE STATEMENT
3. CLEAR COPY **B/C OR NATURALIZED CERTIFICATE**
4. CHARGEBACK **B/C OR NATURALIZED CERTIFICATE**
5. HOLD HARMLESS AGREEMENT

CITIZENS BORN IN USA:

DEPARTMENT OF VITAL RECORDS OF YOUR BIRTH STATE

NATURALIZED CITIZENS:

**DHS/USCIS
NEBRASKA SERVICE CENTER
PO BOX 87565
LINCOLN, NE 68501-7565**

4.2. NOTICE STATEMENT

Purpose:

This form is used to give notice to your Birth State and/or USCIS for the exchange and termination of their Interest in your master bond.

Instructions:

- Access to folder named “Section D” of your seminar CD. Open file named “Notice Statement”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**

<date of mailing>

birth state department of health & human services (may vary from state to state), all caps>

<address, in all caps>

<city, state, [zip]>

"This NOTICE OF FAULT/MASTER ACCOUNT ENTITLEMENT STATEMENT is a verified record of the termination of rights of the addressee as of the time of its issuance. Delivery of this NOTICE OF FAULT /MASTER ACCOUNT ENTITLEMENT STATEMENT, of itself, confers no rights on the recipient. This NOTICE OF FAULT/MASTER ACCOUNT ENTITLEMENT STATEMENT is neither a negotiable instrument nor a security."

Dear Recipient:

WHEREAS the undersigned Claimant, **First Middle Last Name**, as the authorized representative, salvage title claimant and secured party to, **FIRST MIDDLE LAST NAME**, the "appropriate person" and "ENTITLEMENT HOLDER"¹ of the security entitlement and the superior "legal", "lawful" and "equitable" interest in the herein described instruments, vessels, financial assets and derivatives created and operated therefrom, first being duly sworn, states the following as true, correct, materially complete, based on firsthand knowledge, and reserving the sole and exclusive right to the final determination of all definitions and intent of Claimant contained herein governed by Public Law, Statutes at Large and Divine Law:

NOTICE IS HEREBY GIVEN that all parties of record have been notified by proper "communication"² of Claimant's entitlement right and given ample grace to bring forth legitimate factual claims. Such verified NOTICE required from the herein named fiduciary and securities intermediary a full accounting of outstanding value and claims, provided notice of the divine living status and exemption of the living souls presented through fictitious entities created without our knowledge.

This NOTICE OF FAULT/MASTER ACCOUNT ENTITLEMENT STATEMENT is final notice to all concerned, alleged or presumed interest and entitlement holders of the transfer "orders"³ and "instructions"⁴ that have been registered in the Commercial Registry, U.C.C. Division, Secretary of State of the State of <birth state>, c/o UCC Division, <name of secretary of state>, Secretary of State, <birth state> Department of State, <city, state [zip]>.

The Registered Transfers of the below-listed Securities, Bonds, Contracts, Bills, and the like, are evidenced by the enclosed FINANCING STATEMENT, NUMBER <File # of first UCC-1 to Secy of State>, FILED <date of filing from UCC-1>, <time of filing from UCC-1>.

¹ [U.C.C. 8-107(a)]

² [U.C.C. 8-102(7)]

³ [U.C.C. 8-102(a)(8)(i)]

⁴ [U.C.C. 8-102(a)(8)]

⁵ [U.C.C. 8-102(a)(9)(i)(12)]

All verifiable Securities, Bonds, Bills, Contracts, Vessels, Financial Assets, Derivatives, V Accounts and the like were ordered and instructed to be transferred into PRIVATE Post-Registered Treasury Account Number RA433313400, Routing Number 217-08-6635 by the appropriate person.

Pursuant to your binding [U.C.C. § 8-407 Exchangeability of Securities, U.C.C. §8-301 Delivery, (B) delivery of an uncertificated security to a purchaser occurs when: (1) the issuer registers the purchaser as the registered owner upon original issue or registration of transfer, or (2) another person, other than a securities intermediary, either becomes the registered owner of the uncertificated security on behalf of the purchaser or, having previously become the registered owner, acknowledges that it holds for the purchaser.]

Pursuant to your binding [U.C.C. § 8-303 Protected Purchaser, (a)"protected purchaser" means a purchaser of a certificated or uncertificated security, or of an interest therein, who: (1) gives value, (2) does not have notice of any adverse claim to the security, (3) obtains control of the certificated or uncertificated security; (b) In addition to acquiring the rights of a purchaser, a protected purchaser also acquires its interest in the security free from any adverse claim.]

Whereas Subsection (a) lists the requirements that the purchaser must meet to qualify as a "Protected Purchaser," Subsection(b) provides that a protected purchaser takes its interest free from adverse claims. A secured party as well as an outright buyer can qualify as a protected purchaser. Also, "purchase" includes taking by issue, so a person to whom security is originally issued can qualify as a protected purchaser.

NOTICE IS HEREBY GIVEN and established that the Salvage Claimant and Secured Party of Record has * **TAKEN CONTROL⁶** of the below-listed Securities, Bonds, Bills, Contracts, Vessels, Financial Assets, Derivatives, V Accounts, and the like. The Secured Party **HAS NOT** received **ANY** NOTICE of Adverse Claim⁷ to any of the below-listed items as previously requested. Furthermore, the Salvage Claimant and Secured Party of Record, is the authorized representative of the "Appropriate person" with respect to an indorsement, the registered owner and the person specified by a security certificate; and by an effective special indorsement to be entitled to the security, and with respect to an instruction, the registered owner of an uncertificated security, and with respect to an entitlement order, the entitlement holder. If the "person" or "vessel" designated herein is presumed deceased or abandoned, the designated "person's" successor in interest, taking under other law or the designated person's personal representative and executor acting for the estate of the decedent; or if the "person" designated herein lacks capacity, the designated persons executor, guardian, conservator, or the other similar representative has power through recorded codicil and appointment to claim, salvage, and transfer the security, vessel or financial asset.

Listed below are the Registered and perfected transfer(s) that were authorized to be transferred into PRIVATE POST REGISTERED TREASURY MASTER ACCOUNT NUMBER # of First Registered Mail for offset ledgering to Master Account Receivable Routing Number <SSN without dashes>.

1. Previous owner/holder: **BIRTH STATE.**
Registered Instruments: **Birth Certificate Number), and**
State File Number)
County Registrar's Number,

⁶ [U.C.C. 8-106]

⁷ [U.C.C. 8-102(a)(1)]

CERTIFICATE OF LIVE BIRTH

STATE MASTER VAULT

FILE NUMBER:

Birth Certificate Number;

Filed:

Birth Certificate Filed Date.

Registered Owner:

First Middle Last Name, as Master Priority Secured Party
and salvage claimant, Private Post Registered TREASURY
MASTER ACCOUNT NUMBER <# of first registered mail>.

NOTICE IS HEREBY GIVEN that the above-listed Securities, Bonds, Bills, Contracts, Vessels, Financial Assets, Derivatives, V Accounts, and the like were TRANSFERRED INTO PRIVATE POST REGISTERED TREASURY MASTER ACCOUNT NUMBER <# of first registered mail> for offset ledgering to Master Account Receivable Routing Number <SSN without dashes>.

The listing above is not limited to, nor contains all of the Securities, Bonds, Bills, Contracts, Derivatives, V Accounts and the like contained in the Uniform Commercial Code/Commercial Registry, but until the Secured Party ascertains a full accounting of all outstanding assets that need to be transferred into the PRIVATE POST REGISTERED TREASURY MASTER ACCOUNT, please regard the herein Included U.C.C filing as the appropriate master account and security record, good faith attempt to balance and settle all outstanding affairs, the appropriate instructions and entitlement orders, and superior salvage claim to all property public and private to be used for transferring securities into the PRIVATE MASTER TREASURY ACCOUNT. Thank-You.

NON-NEGOTIABLE NON-STANDARD PAYMENT INSTRUCTION ENTITLEMENT ORDER

Starting Immediately, all proceeds, Interest, Accounts, Futures, Products, Property and the like from the aforementioned Securities, Bonds, Bills, Contracts, Vessels, Financial Assets, Derivatives, V Accounts and the like are to be made payable to PRIVATE POST REGISTERED TREASURY MASTER ACCOUNT by DIRECT, ELECTRONIC, BOOK ENTRY, EFT and ACH DEPOSIT:

ACCOUNT DEBTOR:

FIRST MIDDLE LAST NAME

PRIVATE POST REGISTERED TREASURY ACCOUNT NUMBER:

<# of first registered mail>

ACCOUNT RECEIVABLE ROUTING NUMBER:

<SSN without dashes>

Subscribed, sealed, and affirmed to this day, _____, month, _____, and year of _____.
I hereby affix my own signature and seal to all of the above affirmations with explicit reservation of ALL my unalienable rights and without prejudice to ANY of those rights Pursuant to U.C.C § 1-103, 1-105, 1-207, 1-308, 3-419.

By: _____

Secured Party / Executor / Administrator / Trustee

4.3. CLEAR COPY BC, **(ENDORSED F/B)**

Purpose:

This document is used for your Birth State to receive any financial interest they may or may not have in your master bond.

Instructions:

- Access to folder named “Section D” of your seminar CD. Open file named

PRINT THE FOLLOWING STATEMENT ONTO THE FRONT OF YOUR BIRTH
CERTIFICATE

FIRST MIDDLE LAST
SIGNATURE

PRINT THE FOLLOWING STATEMENT ONTO THE BACK OF YOUR BIRTH
CERTIFICATE

FIRST MIDDLE LAST

SIGNATURE

EXAMPLE

4.4. CHARGEBACK COPY BC, **(ENDORSED FRONT ONLY)**

Purpose:

This form is used for the Birth State and/or USCIS return any and all financial interest in your master bond and credit to your post registered deposit account.

Instructions:

- Access to folder named “Section D” of your seminar CD. Open file named “Chargeback”. Power point program is used for this document due to its intricate format.
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**

NAME IN ALL CAPS @ 2013

NON-TRANSFERABLE
NON-NEGOTIABLE CHARGE BACK

Jacob J. Lew, Secretary of the United States Treasury, or Office Holder, Department of the United States Treasury Internal Revenue Service The Undersigned, **Upper/Lower Case** **Name @ 2010**, Accepts For Value, all related endorsements, front and back, accordance with Uniform Commercial Code(s) §§ 1-103, 1-105, 1-207, 1-308, 3-402, 3-419 and House Joint Resolution 192 of June 5, 1933. Certified and Good on the Undersigned's unlimited commercial liability, True, Correct, and Complete. Charge Back to Account # **SSN** **no dashes** to charge the same to the DEBTOR's Order or to the order of Jacob J. Lew, Secretary of the United States Treasury of the United States Government, or Office Holder. Please adjust this Account for the Proceeds, Products, Accounts, Finances, and Futures, and Release the ORDER(S) of the Court to Me Immediately, within a 72-hour period Per Regulation Z, Truth in Lending Act, 12 CFR § 226.1 et seq. and 15 USC § 1601-1667(e).

UCC Filing # State UCC Contract
 (Private) True Account # **UCC Filing # Posted Registered Account Number -# of first registered mail-** Pre-Paid; Preferred Stock; Priority Exchange; Exempt from Levy

NAME ALL CAPS @ 2013 TIN: SS # With Dashes
 UCC §§ 1-103, 1-105, 1-207, 1-308, 3-402, 3-419

Name in Upper and Lower @ 2013 EIN: SS # Without Dashes
 UCC §§ 1-103, 1-105, 1-207, 1-308, 3-402, 3-419

Accepted For Value Certified and Good.
 Authorized Agent/Representative:

By: _____
 UCC §§ 1-103, 1-105, 1-207, 1-308, 3-402, 3-419

4.5. HOLD HARMLESS AGREEMENT

Instructions:

- Attach to mailing package a copy of a previous filed Harmless Agreement (see Section B).

SECTION E

TREASURY PACKET - FINANCIAL DOCUMENTS

This Section includes a list of the documents needed for this package. The Registered Mail must bear a barcoded red Label 200. The label must be placed above the delivery address and to the right of the return address, or to the left of the delivery address on parcels.

MAIL PACKAGE TO:

**SECRETARY OF THE TREASURY
C/O JACOB J. LEW
1500 PENNSYLVANIA AVENUE NW
WASHINGTON, D.C. NEAR [20220]**

DUPLICATE PACKAGE MAIL CERTIFIED MAIL RETURN RECEIPT TO:

**DEPARTAMENTO DE HACIENDA
P.O. BOX 9024140
SAN JUAN, PUERTO RICO NEAR
[009024140]**

* In this section, the Verified Actual Constructive Notice, International Bill of Exchange, Lawful Order for Money, Clear Copy Birth Certificate, AFV Birth Certificate, and Chargeback Birth Certificate are placed on a UCC-3 with the Secretary of State. Then mail the certified copy UCC-3 to the Secretary of the Treasury. (See example of UCC – 3 in “Section A.”)

UNITED STATES POSTAL SERVICE®
REGISTERED MAIL™

7700 0000 0000 0000 0000

Label 200, August 2005 PSN 7690-02-000-9311

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ X ☐ Agent ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt

Registered No. Date Stamp

Reg. Fee Handling Charge Postage Return Receipt Restricted Delivery

Received by

Customer Must Declare Full Value \$ Domestic Insurance up to \$25,000 is included based upon the declared value. International insurance is limited. (See Reverse.)

OFFICIAL USE

FROM TO

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2007 (7530-02-000-9051)
For domestic delivery information, visit our website at www.usps.com ®

5.1. COVER LETTER - 3

JOHN LEE DOE

C/O ANYWHERE ADDRESS

CITY, STATE AND [ZIP CODE]

DATE: FEBRUARY 11, 2012

THE FOLLOWING ITEMS WERE SENT VIA USPS REGISTERED MAIL NUMBER:

RA 035 316 840 US ACCEPTED FOR VALUE AND EXEMPT FROM LEVY. FOR
CREDIT AND DEPOSIT TO POST REGISTERED ACCOUNT NUMBER: ORIGINAL
POST REGISTERED MAIL NUMBER AND PASS THROUGH ACCOUNT

NUMBERS: 123456789 / Z12345678

1.

2.

3.

4.

TO:

U.S. DEPARTMENT OF THE TREASURY

1500 PENNSYLVANIA AVENUE, NW

WASHINGTON, D.C. 20220

ATTENTION: JACOB J. LEW, SECRETARY OF THE TREASURY

NOTICE: PLEASE STAMP FILED/RECEIVED ON ALL DOCUMENTS AND
RETURN ALL DOCUMENTS AND RECORDS WITH IRS BATCHING NUMBERS
TO THE C/O MAILING ADDRESS ABOVE.

ALL DOCUMENTS WERE CC'D TO:

DEPARTAMENTO DE HACIENDA

P.O. BOX 9024140

SAN JUAN, PUERTO RICO 009024140

5.2. VERIFIED ACTUAL AND CONSTRUCTIVE NOTICE

Purpose:

This form is to give constructive notice to U.S. TREASURY of your secured interest in your U.S. TREASURY MASTER V ACCOUNT.

Instructions:

- Access to folder named “Section E” of your seminar CD. Open file named “Constructive Notice”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- Document has to be notarized.
- This document is to be registered on a UCC-3 with the Secretary of State. The Certified Copy from the Secretary of State is to be mailed to the Secretary of the Treasury. (See example of UCC – 3 in “Section A.”)

UCC – 3 Sample Verbiage

This is an amendment to the original entry to the Secured Party in the commercial to UCC- 1 File No. **0123456789** and **Birth Certificate State** File No. **0123456789** and through Private Offset Account No. **Back of SSN** as herein registered to correct the filing as to acceptance for value/lien on the collateral at \$2,000,000,000. 00 USD Verified Actual Constructive Notice **No. 0123456789** Said Registration is to secure the rights to title(s) and interest in the Collateral. Adjustment is Purview of Public HJR-192 and UCC 10-104.

Invoice Number: <your initials, birth cert. no. w/o spaces, [dash #]> Date: <date of mailing>

Accepted for Value, Certified and Good

To: Jacob J. Lew and / or Office Holder
d/b/a Secretary of the United States
Treasury of the United States Government
c/o Internal Revenue Service
Department of the United States Treasury
1500 Pennsylvania Avenue, N.W.
Washington, District of Columbia
[Postal Zone 20220]

NON-STANDARD

NON-NEGOTIABLE

NON-TRANSFERABLE

INTERNATIONAL BILL OF EXCHANGE

In re: DISCHARGE OF ACCOUNT IN ACCORDANCE WITH HOUSE JOINT RESOLUTION 192
of June 5, 1933: Federal Reserve Act of 1913 as amended March 9, 1933; Title 12 United
States Code Annotated; and the Uniform Commercial Code, Sections 1-103, 1-104, 1-105,
1-308, 3-419, 3-402, and 7-104..

<birthstate> State UCC Contract (private) Trust Account Number: <File # of first UCC-1>
The Undersigned's personal I.D. Account Number: <SSN without dashes>
Posted Registered Treasury Deposit Account Number: <# of first registered mail>

Attn: Jacob J. Lew and / or Office Holder, Respondent,

1. Enclosed are documents, i.e. copies, from the Undersigned's examination of the Commercial Agreements of the Undersigned's that are listed on the enclosed accounting, with receipts and other evidence that the Undersigned has accepted for Value (Banker's Acceptance), including all related endorsements, front and back, to include all endorsements in accord the UCC 3-419, Certified and Good and Sworn on the Undersigned's Commercial Liability, from the Undersigned's Pre-Paid Account. The total Amount of this discharge is for <\$590,500.00, Five Hundred Ninety Thousand Five Hundred and no cents> in United States Dollars.
2. Please DISCHARGE, or cause to be Discharged, to Account Number <SSN without dashes> for the same value, and charge said Account for the fees necessary for securing and registration, for the Priority Exchange for the Tax Exemption to Discharge the Public (DEBT) Liability, of the Undersigned's personal possessions (Property). Command the memory of the Account Number <SSN without dashes> to charge the same to the Debtor's Order or to the Respondent's Order.

Form BOE<date without spaces>

1 of 2

- Jacob J. Lew Secretary-in-charge and/or your Deputy-in-charge, are to take the undersigned's acceptance (BA), this Article Seven UCC receipt, in exchange for the tax exemption priority. This International Bill of Exchange, in accord with HJR-192, Public Law 73-10 is hereby presented for the receiver to the Federal Window, for settlement, by Electronic Funds Transfer (EFT), of any presentments tendered to you by the Undersigned Secured Party Creditor, which must be completed within the three (3) day Truth-in-Lending time (Regulation Z) time for settlement of retail sales.

4. Please adjust the Undersigned's Account forthwith, in conjunction and Coordination with all appropriate or involved agencies. Please send Notice to the Undersigned of this Adjustment as requested within thirty (30) days.
5. Should Respondent require more information or assistance from the Undersigned, please contact the Undersigned at the mailing address below.

* NOTICE TO THE AGENT IS NOTICE TO THE PRINCIPAL *

* NOTICE TO THE PRINCIPAL IS NOTICE TO THE AGENT *

Pre-paid: preferred stock; priority exchange; exempt from levy

By: _____
Secured Party / Executor / Administrator / Trustee

Form BOE<date without spaces> 2 of 2

5.3. INTERNATIONAL BILL OF EXCHANGE

Purpose:

This form is used to deposit your master bond (birth certificate and / or naturalized certificate) into your master post-registered deposit account.

Instructions:

- Access to folder named “Section E” of your seminar CD. Open file named “Int. Bill Exchange”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- Document has to be notarized.
- This document is to be registered on a UCC-3 with the Secretary of State. The Certified Copy from the Secretary of State is to be mailed to the Secretary of the Treasury. (See example of UCC – 3 in “Section A.”)

UCC – 3 Sample Verbiage

This is an amendment to the original entry to the Secured Party in the commercial to UCC- 1 File No. **0123456789** and **Birth Certificate State** File No. **0123456789** and through Private Offset Account No. **Back of SSN** as herein registered to correct the filing as to acceptance for value/lien on the collateral at \$2,000,000,000. 00 USD International Bill of Exchange Notice **No. 0123456789** Said Registration is to secure the rights to title(s) and interest in the Collateral. Adjustment is Purview of Public HJR-192 and UCC 10-104.

Invoice Number: <your initials, birth cert. no. w/o spaces, [dash #]> Date: <date of mailing>

Accepted for Value, Certified and Good

To: Timothy F. Geithner and / or Office Holder
d/b/a Secretary of the United States
Treasury of the United States Government
c/o Internal Revenue Service
Department of the United States Treasury
1500 Pennsylvania Avenue, N.W.
Washington, District of Columbia
[Postal Zone 20220]

NON-STANDARD

NON-NEGOTIABLE

NON-TRANSFERABLE

INTERNATIONAL BILL OF EXCHANGE

In re: DISCHARGE OF ACCOUNT IN ACCORDANCE WITH HOUSE JOINT RESOLUTION 192 of June 5, 1933: Federal Reserve Act of 1913 as amended March 9, 1933; Title 12 United States Code Annotated; and the Uniform Commercial Code, Sections 1-103, 1-104, 1-105, 1-308, 3-419, 3-402, and 7-104..

<birthstate> State UCC Contract (private) Trust Account Number: <File # of first UCC-1>
The Undersigned's personal I.D. Account Number: <SSN without dashes>
Posted Registered Treasury Deposit Account Number: <# of first registered mail>

Attn: Timothy F. Geithner and /or Office Holder, Respondent,

1. Enclosed are documents, i.e. copies, from the Undersigned's examination of the Commercial Agreements of the Undersigned's that are listed on the enclosed accounting, with receipts and other evidence that the Undersigned has accepted for Value (Banker's Acceptance), including all related endorsements, front and back, to include all endorsements in accord the UCC 3-419, Certified and Good and Sworn on the Undersigned's Commercial Liability, from the Undersigned's Pre-Paid Account. The total Amount of this discharge is for <\$590,500.00, Five Hundred Ninety Thousand Five Hundred and no cents> in United States Dollars.
2. Please DISCHARGE, or cause to be Discharged, to Account Number <SSN without dashes> for the same value, and charge said Account for the fees necessary for securing and registration, for the Priority Exchange for the Tax Exemption to Discharge the Public (DEBT) Liability, of the Undersigned's personal possessions (Property). Command the memory of the Account Number <SSN without dashes> to charge the same to the Debtor's Order or to the Respondent's Order.

3. This Posted Registered Deposit Account # <# of first registered mail> fund, that is part of the Undersigned's tax estimate, is directed for the priority use of the Republic, Article Four, Section Four, Constitution of the United States of America, in accordance with Public Policy, HJR-192, discharge of public debt.

Timothy F. Geithner Secretary-in-charge and/or your Deputy-in-charge, are to take the undersigned's acceptance (BA), this Article Seven UCC receipt, in exchange for the tax exemption priority. This International Bill of Exchange, in accord with HJR-192, Public Law 73-10 is hereby presented for the receiver to the Federal Window, for settlement, by Electronic Funds Transfer (EFT), of any presentments tendered to you by the Undersigned Secured Party Creditor, which must be completed within the three (3) day Truth-in-Lending time (Regulation Z) time for settlement of retail sales.

With This POSTED transaction, the Discharge documented by the enclosed forms, for use by the Republic, is complete. The International, United States Post Office Return Receipt Notice is accepted as acknowledgement from the Secretary of the Treasury without dishonor.

4. Please adjust the Undersigned's Account forthwith, in conjunction and Coordination with all appropriate or involved agencies. Please send Notice to the Undersigned of this Adjustment as requested within thirty (30) days.
5. Should Respondent require more information or assistance from the Undersigned, please contact the Undersigned at the mailing address below.

ACCEPTED FOR VALUE, CERTIFIED AND GOOD

* NOTICE TO THE AGENT IS NOTICE TO THE PRINCIPAL *

* NOTICE TO THE PRINCIPAL IS NOTICE TO THE AGENT *

Pre-paid: preferred stock; priority exchange; exempt from levy

INVOICE NUMBER: <Invoice No. of this document above> ARTICLE <first registered mail#>

By: _____
Secured Party / Executor / Administrator / Trustee

Employer Identification # <SSN without dashes>

c/o John Lee Doe

UCC Contract (Private) Trust Account <ucc state file #>

<your street address>

Post Registered Deposit Account Number:

<your city, state [zip]>

<# of first registered mail>

5.4. 1040 ES

Purpose:

This form is to satisfy any and all tax obligations on security instruments issued to U.S. TREASURY.

Instructions:

- Access to folder named “Section E” of your seminar CD. Open file named “1040 ES”
- Fill in “1040 ES” as seen in sample below.
- Print document.
- Detach coupon “1040 ES” and endorse it on the left side (like a check) endorse [authorized representative for deposit to the U.S. Treasury only with your blue ink signature.](#)

BACK OF 1040 ES CHECK

For deposit to the U.S. Treasury Only Signature	
---	--

2012 Estimated Tax

Payment Voucher 3

CMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2012 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Sept. 17, 2012

Amount of estimated tax you are paying

by check or money order. Dollars Cents

Print or type	Your first name and initial	Your last name	Your social security number
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.)		
City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Tear off here

2012 Estimated Tax

Payment Voucher 2

CMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2012 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due June 15, 2012

Amount of estimated tax you are paying

by check or money order. Dollars Cents

Print or type	Your first name and initial	Your last name	Your social security number
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.)		
City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Tear off here

2012 Estimated Tax

Payment Voucher 1

CMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2012 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due April 17, 2012

Amount of estimated tax you are paying

by check or money order. Dollars Cents

Print or type	Your first name and initial JOHN L	Your last name DOE	Your social security number XXXXXXXXXX
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.) ANYWHERE ADDRESS		
City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.) ANYWHERE CITY, STATE NEAR ZIP			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2012 Estimated Tax

Payment **3** Voucher

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2012 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Sept. 17, 2012

Amount of estimated tax you are paying
by check or
money order.

Dollars

Cents

Print or type	Your first name and initial	Your last name	Your social security number
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.)		
	City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Tear off here

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2012 Estimated Tax

Payment **2** Voucher

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2012 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due June 15, 2012

Amount of estimated tax you are paying
by check or
money order.

Dollars

Cents

Print or type	Your first name and initial	Your last name	Your social security number
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.)		
	City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Tear off here

Form **1040-ES**
Department of the Treasury
Internal Revenue Service

2012 Estimated Tax

Payment **1** Voucher

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2012 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due April 17, 2012

Amount of estimated tax you are paying
by check or
money order.

Dollars

Cents

Print or type	Your first name and initial	Your last name	Your social security number
	If joint payment, complete for spouse		
	Spouse's first name and initial	Spouse's last name	Spouse's social security number
	Address (number, street, and apt. no.)		
	City, state, and ZIP code. (If a foreign address, enter city, province or state, postal code, and country.)		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 1040-ES (2012)

-11-

5.5.1040 V

Purpose:

This form is to satisfy any and all debt obligations on security instruments issued to U.S. TREASURY.

Instructions:

- Access to folder named “Section E” of your seminar CD. Open file named “1040 ES”
- Fill in “1040 V” as seen in sample below.
- Print document.
- Detach coupon 1040 V and endorse it on the left side (like a check) endorse [authorized representative for deposit to the U.S. Treasury only with your blue ink signature.](#)

BACK OF 1040 V CHECK

For deposit to the U.S. Treasury Only Signature	
---	--

2011 Form 1040-V



Department of the Treasury
Internal Revenue Service

What Is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2011 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Do not send cash.

- Make sure your name and address appear on your check or money order.

- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2011 Form 1040," "2011 Form 1040A," or "2011 Form 1040EZ," whichever is appropriate.

- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

How To Send In Your 2011 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2011 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

Cat. No. 20875C

Form 1040-V (2011)

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

► Do not staple or attach this voucher to your payment or return.

OMB No. 1545-0074

2011

Print or type	1 Your social security number (SSN) XXXXXXXXXX	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order Dollars LEAVE BLANK	Cents	
	4 Your first name and initial JOHN L.		Last name DOE		
	If a joint return, spouse's first name and initial		Last name		
	Home address (number and street) ANYWHERE ADDRESS		Apt. no.	City, town or post office, state, and ZIP code (if a foreign address, also complete spaces below) ANYWHERE CITY, STATE NEAR [ZIP]	
	Foreign country name		Foreign province/county		Foreign postal code

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 20875C

2011 Form 1040-V



Department of the Treasury
Internal Revenue Service

What Is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2011 Form 1040, Form 1040A, or Form 1040EZ. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Do not send cash.

- Make sure your name and address appear on your check or money order.

- Enter your daytime phone number and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2011 Form 1040," "2011 Form 1040A," or "2011 Form 1040EZ," whichever is appropriate.

- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX—" or "\$ XXX ^{xx}/₁₀₀").

How To Send In Your 2011 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2011 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

Cat. No. 20975C

Form **1040-V** (2011)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

► Do not staple or attach this voucher to your payment or return.

OMB No. 1545-0074

2011

Print or type	1 Your social security number (SSN)		2 If a joint return, SSN shown second on your return		3 Amount you are paying by check or money order		Dollars	Cents
	4 Your first name and initial				Last name			
	If a joint return, spouse's first name and initial				Last name			
	Home address (number and street)		Apt. no.	City, town or post office, state, and ZIP code (If a foreign address, also complete spaces below.)				
	Foreign country name		Foreign province/county			Foreign postal code		

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 20975C

5.6. UCC-1

Instructions:

- Attach to mailing package a Certified Copy of previous filed UCC-1 and UC-1 Amendment (see Section A).

5.7. W8

Instructions:

- Attach to mailing package a Certified Copy of original W8 (see Section B).

5.8. CLEAR COPY BIRTH CERTIFICATE (ENDORSED F/B)

Instructions:

- Attach to mailing package a Clear Copy of BC for pay packs replace with billing statements.
- The Clear Copy, AFV Copy, and Chargeback Copy of the Birth Certificate documents are to be registered on a UCC-3 with the Secretary of State. The Certified Copy from the Secretary of State is to be mailed to the Secretary of the Treasury. (See example of UCC – 3 in “Section A.”)

UCC – 3 Sample Verbiage

This is an amendment to the original entry to the Secured Party in the commercial to UCC- 1 File No. **0123456789** and **Birth Certificate State** File No. **0123456789** and through Private Offset Account No. **Back of SSN** as herein registered to correct the filing as to acceptance for value/lien on the collateral at \$2,000,000,000. 00 USD **Birth Certificate State** File No. **0123456789** Said Registration is to secure the rights to title(s) and interest in the Collateral. Adjustment is Purview of Public HJR-192 and UCC 10-104.

5.9. AFV COPY BC

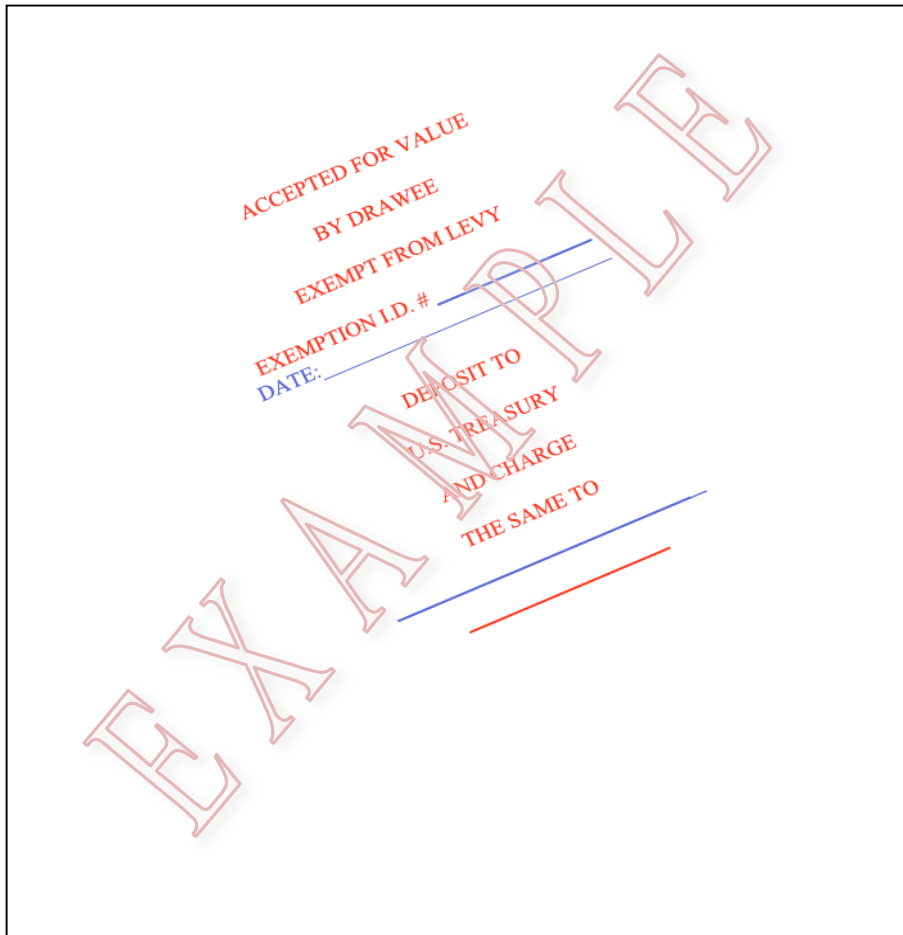
Purpose:

This form is to cancel all security interest in your master bond by any and all parties.

Instructions:

- Access to folder named “Section B” of your seminar CD. Open file named “A4V Template”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, supply Social Security Number with Dashes, Today’s Date, and Social Security Number with no dashes.
- Save and Print document over the top of copy of State Birth Certificate or Naturalized Certificate.
- Use BLUE INK for signatures.

PRINT THIS AFV STATEMENT ON THE FRONT OF YOUR BIRTH CERTIFICATE



5.10. CHARGEBACK COPY BC, **(ENDORSED FRONT ONLY)**

Instructions:

- Attach to mailing package a Chargeback copy of BC for pay packs replace with billing statement (see Section D).

PRINT THIS CHARGEBACK STATEMENT ON THE FRONT OF YOUR BIRTH
CERTIFICATE

NAME IN ALL CAPS ® 2010

NON-TRANSFERABLE
NON-NEGOTIABLE CHARGE BACK

Timothy F. Geithner, Secretary of the United States Treasury, or Office Holder, Department of the United States Treasury Internal Revenue Service. The Undersigned, **Upper/Lower**

Case Name ® 2010, Accepts For Value, all related endorsements, front and back, accordance with Uniform Commercial Code(9) §§ 1-103, 1-105, 1-207, 1-308, 3-402, 3-419 and House Joint Resolution 192 of June 5, 1933. Certified and Good on the Undersigned's unlimited commercial liability, True, Correct, and Complete. Charge Back to Account # **SSN** to charge the same to the DEBTOR's Order or to the order of Timothy F. Geithner, Secretary of the United States Treasury of the United States Government, or Office Holder. Please adjust this Account for the Proceeds, Products, Accounts, Fixtures, and Futures, and Release the ORDER(S) of the Court to Me immediately, within a 72-hour period Per Regulation Z, Truth In Lending Act. (12 CFR § 226.1 et seq. and 15 USC § 1601-1667e). **UCC Filing #** Posted Registered Account Number **Registered Mail**

Pre-Paid; Preferred Stock; Priority Exchange; Exempt from Levy

NAME ALL CAPS® 2010 TIN: SS # With Dashes

UCC §§ 1-103, 1-105, 1-207, 1-308, 3-402, 3-419

DATE: _____

Name in Upper and Lower ® 2010 EIN: SS # Without Dashes

UCC §§ 1-103, 1-105, 1-207, 1-308, 3-402, 3-419

Accepted For Value Certified and Good.

Authorized Agent/Representative:

By: _____

UCC §§ 1-103, 1-105, 1-207, 1-308, 3-402, 3-419

5.11. LAWFUL ORDER FOR MONEY

Purpose:

This form is to have the Birth State and/or USCIS to secure your interest in your master bond.

Instructions:

- Access to folder named “Section E” of your seminar CD. Open file named “Template LOM”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- This document is to be registered on a UCC-3 with the Secretary of State. The Certified Copy from the Secretary of State is to be mailed to the Secretary of the Treasury. (See example of UCC – 3 in “Section A.”)

UCC – 3 Sample Verbiage

This is an amendment to the original entry to the Secured Party in the commercial to UCC- 1 File No. **0123456789** and **Birth Certificate State** File No. **0123456789** and through Private Offset Account No. **Back of SSN** as herein registered to correct the filing as to acceptance for value/lien on the collateral at \$2,000,000,000. 00 USD Lawful Order for Money **No. 0123456789** Said Registration is to secure the rights to title(s) and interest in the Collateral. Adjustment is Purview of Public HJR-192 and UCC 10-104.

•
- THIS IS NOT A SIGHT DRAFT OF THE BANKRUPTCY ACT IN ANY WAY SHAPE OR FORM -

Lawful Order For Money

House Joint Resolution 192 — Exempted Transaction
Public Policy — Principal Debtor is a Transmitting Utility
(Banker's) Acceptance For Value — Certified and Good
* NOTICE TO THE PRINCIPAL IS NOTICE TO THE AGENT *
* NOTICE TO THE AGENT IS NOTICE TO THE PRINCIPAL *
ISSUED WITH IRS OID

PAYABLE THROUGH:

<your name, all caps>, <SSN with dashes>
c/o United States Treasury
1500 Pennsylvania Avenue, N.W.
Washington, District of Columbia, [postal Zone 20220]

Date: <date of mailing>

Charge to the Drawee's Account the Value of the SUM CERTAIN AMOUNT OF:
<\$590,500.00>

<TWO HUNDRED FIFTY SEVEN>-----U.S. Dollars

and Authorize the Same SUM CERTAIN AMOUNT to be Paid to the Order of:

<payee name, all caps>
(payee)
Satisfaction of Account # <reference number>
For Benefit of US Creditors
(Purpose)

<payee's street address>
(Mailing Address)
<LOS ANGELES, CALIFORNIA 90030-0
(City) (State) (Zip)

INVOICE NUMBER: <Invoice Number>
(Accepted For Value, Certified and Good)
Account Numbers:
SOCIAL SECURITY ACCOUNT#.....

<your name, initial caps>, AR
(Drawer/Maker/Principal UCC § 3-419)
<SSN with dashes>/ <SSN without dashes>
<F12345678>/<012345678>

UNITED STATES PASSPORT ACCOUNT/BOND #.....
ORIGINAL ORGANIZATIONAL I.D. ACCOUNT/BOND No.
CERTIFICATE OF LIVE BIRTH, REGISTRAR'S No.
<state> UCC Contract (Private) Trust Account/Bond #.
POST REGISTERED DEPOSIT ACCOUNT#.....

<your passport number>
<your BC# with punct>/<w/o punct>
<1950-642 82-B/<195064282B>
<File # of first UCC-1 to State>
<# of first registered mail>

ALL OF THE ABOVE
ACCOUNTS/BONDS/CONTRACTS/CERTIFICATES OF
INDEBTEDNESS ARE ACCEPTED FOR VALUE, CERTIFIED
AND GOOD, AND ARE EXEMPT FROM LEVY AND ARE
TRANSFERRED AND ASSIGNED TO THE UNITED STATES
TREASURY PURSUANT TO: HOUSE JOINT RESOLUTION
192 AND INACCORDANCE WITH THE UCC AND TITLE
12USC 95a(2) and TITLE 15 USC §§ 1601-1667e:AND TITLE
12 CFR §§ 226.1 et seq.

Authorizing Agent/Representative:

UCC § 1-103, 1-105, 1-308, 3-402

5.12. AFFIDAVIT OF TAX-EXEMPT FOREIGN STATUS

Instructions:

- Attach to mailing package an Affidavit of Tax-exempt Foreign Status (see section B).

5.13. REVOCATION AND TERMINATION OF FRANCHISE

Instructions:

- Attach to mailing package an Affidavit of Tax-exempt Foreign Status (see Section B).

5.14. MASTER DISCHARGE AND INDENMNITY BOND

Purpose:

This security instruments is your master bond which is collateralized by your birth certificate and / or naturalized certificate that goes on deposit into you post registered deposit account.

Instructions:

- Access to folder named “Section E” of your seminar CD. Open file named “BC Bond (power bond)”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**

- This document is to be registered on a UCC-3 with the Secretary of State. The Certified Copy from the Secretary of State is to be mailed to the Secretary of the Treasury. (See example of UCC – 3 in “Section A.”)

UCC – 3 Sample Verbiage

This is an amendment to the original entry to the Secured Party in the commercial to UCC- 1 File No. **0123456789** and **Birth Certificate State** File No. **0123456789** and through Private Offset Account No. **Back of SSN** as herein registered to correct the filing as to acceptance for value/lien on the collateral at \$2,000,000,000. 00 USD Lawful Order for Money **No. 0123456789** Said Registration is to secure the rights to title(s) and interest in the Collateral. Adjustment is Purview of Public HJR-192 and UCC 10-104.



5.15. COMMERCIAL SECURITY AGREEMENT

Instructions:

- Attach to mailing package Commercial Security Agreement form (see Section A).

5.16. COPYRIGHT APPROVAL

Instructions:

- Attach to mailing package a copy of letter of **Approval** from Copyright Clearance Center (see Section A).

5.17. UCC-3

Instructions:

- Attach to mailing package a Certified Copy of previous filed UCC-3. (See example of UCC – 3 in “Section A.”)

IRS FORMS 56 & 56F
TO ESTABLISH FIDUCIARY RELATIONSHIPS

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>(Domestic Mail Only. No Insurance Coverage Provided)</i>	
For delivery information visit our website at www.usps.com .	
OFFICIAL USE	
Postage \$ <input type="text"/>	Postmark Here
Certified Fee <input type="text"/>	
Return Receipt Fee (Endorsement Required) <input type="text"/>	
Restricted Delivery Fee (Endorsement Required) <input type="text"/>	
Total Postage & Fees \$ <input type="text"/>	
Sent To <input type="text"/>	
Mailed April 24, 2014 at PO Box No. <input type="text"/> City, State, ZIP+4® <input type="text"/>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>2. Article Number (Transfer from service label)</p> <p>PR Form 3814, October 1994</p>	<p>A. Signature</p> <p><input type="checkbox"/> Agent</p> <p>X <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						

6.1. FORM 56

The blank form is the same form used for all 56 documents. However, they will differentiate between estate, trust and corporation.

6.1.1. CORPORATION TO THIRD PARTY I.E. COURT CASE OR TRUST.

Purpose:

This form is to establish a fiduciary relationship between entities.
(CORPORATION – TRUST FOR FOREIGN TAX EXEMPT STATUS)
(CORPORATION – COURT FOR DISCHARGE OF COURT CASE)

Instructions:

Fill out the form with your personal information following the example BELOW.

Form 56 (Rev. December 2007) Department of the Treasury Internal Revenue Service		Notice Concerning Fiduciary Relationship (Internal Revenue Code sections 6036 and 6903)		OMB No. 1545-0013	
Part I Identification					
Name of person for whom you are acting (as shown on the tax return) JOHN LEE DOE, CORP			Identifying number 45-SERIES		Decedent's social security no. 123 : 45 : 6789
Address of person for whom you are acting (number, street, and room or suite no.) ANYWHERE ADDRESS					
City or town, state, and ZIP code (if a foreign address, see instructions.) ANYWHERE CITY, STATE NEAR [ZIP]					
Fiduciary's name John Lee Doe, TRUSTEE					
Address of fiduciary (number, street, and room or suite no.) Anywhere Address					
City or town, state, and ZIP code Anywhere City, State near [Zip]				Telephone number (optional) ()	
Part II Authority					
1 Authority for fiduciary relationship. Check applicable box: a(1) <input checked="" type="checkbox"/> Will and codicils or court order appointing fiduciary b(1) <input type="checkbox"/> Court order appointing fiduciary c <input checked="" type="checkbox"/> Valid trust instrument and amendments d <input checked="" type="checkbox"/> Other. Describe Private Will established for divine estate, all property is exempt from levy and seizures					
(2) Date of death n/a divine estate (2) Date (see instructions)					
Part III Nature of Liability and Tax Notices					
2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) all tax matters for discharge and settlement					
3 Federal tax form number (706, 1040, 1041, 1120, etc.) 1040V, 1099A, 1096C, 1099 OID, 1041, 10966 for DOB - 2012					
4 Year(s) or period(s) (if estate tax, date of death) DOB - 2012					
5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for all items described on lines 2, 3, and 4, check here <input type="checkbox"/>					
6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for some (but not all) of the items described on lines 2, 3, and 4, check here <input checked="" type="checkbox"/> and list the applicable federal tax form number and the year(s) or period(s) applicable. In accordance with Public Law 73-10, 48 Stat 48, pgs 1-112, in accordance with the power of appointment act of 1951, 26 USC 23 & 6331, mandatory rule of procedure 13.					
Part IV Revocation or Termination of Notice					
Section A—Total Revocation or Termination					
7 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship <input checked="" type="checkbox"/>					
Reason for termination of fiduciary relationship. Check applicable box: a <input type="checkbox"/> Court order revoking fiduciary authority b <input type="checkbox"/> Certificate of dissolution or termination of a business entity c <input checked="" type="checkbox"/> Other. Describe Debtor/BIC is insolvent, breach of fiduciary duty by failure to follow the will of the decedent					
Section B—Partial Revocation					
8a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship <input checked="" type="checkbox"/>					
b Specify to whom granted, date, and address, including ZIP code. Judge dba JUDGE as appointed, accepted and recorded in the court of record for Case # Revocation for breach					
Section C—Substitute Fiduciary					
9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) <input checked="" type="checkbox"/> John Lee Doe, a living soul and general executor of divine estate, secured interest holder and attorney in fact					
For Paperwork Reduction Act and Privacy Act Notice, see back page. Cat. No. 163751 Form 56 (Rev. 12-2007)					
Form 56 (Rev. 12-2007) Page 2					
Part V Court and Administrative Proceedings					
Name of court (if other than a court proceeding, identify the type of proceeding and name of agency) NAME OF COURT			Date proceeding initiated		
Address of court COURT ADDRESS			Docket number of proceeding CASE #		
City or town, state, and ZIP code COURT CITY, STATE NEAR [ZIP]			Date	Time	a.m. p.m.
Place of other proceedings					
Part VI Signature					
I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.					
Please Sign Here		Fiduciary's signature		Title, if applicable	Date
Form 56 (Rev. 12-2007)					

6.1.2. ESTATE TO THIRD PARTY I.E. COURT CASE OR TRUST.

Purpose:

This form is to establish a fiduciary relationship between entities.
(ESTATE – TRUST FOR FOREIGN TAX EXEMPT STATUS)
(ESTATE – COURT FOR DISCHARGE OF COURT CASE)

Instructions:

Fill out the form with your personal information following the example BELOW.

Form 56 (Rev. December 2007) Department of the Treasury Internal Revenue Service	Notice Concerning Fiduciary Relationship (Internal Revenue Code sections 6036 and 6903)	OMB No. 1545-0013
Part I Identification		
Name of person for whom you are acting (as shown on the tax return) JOHN LEE DOE, ESTATE		Identifying number 45-SERIES
Address of person for whom you are acting (number, street, and room or suite no.) ANYWHERE ADDRESS		Decedent's social security no. 123 45 6789
City or town, state, and ZIP code (If a foreign address, see instructions.) ANYWHERE CITY, STATE NEAR [ZIP]		
Fiduciary's name John Lee Doe, TRUSTEE		
Address of fiduciary (number, street, and room or suite no.) Anywhere Address		
City or town, state, and ZIP code Anywhere City, State near [Zip]		Telephone number (optional) ()
Part II Authority		
1 Authority for fiduciary relationship. Check applicable box: a(1) <input checked="" type="checkbox"/> Will and codicils or court order appointing fiduciary b(1) <input type="checkbox"/> Court order appointing fiduciary c <input checked="" type="checkbox"/> Valid trust instrument and amendments d <input type="checkbox"/> Other. Describe Private Will established for divine estate, all property is exempt from levy and seizures		
(2) Date of death n/a divine estate (2) Date (see instructions)		
Part III Nature of Liability and Tax Notices		
2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) all tax matters for discharge and settlement		
3 Federal tax form number (706, 1040, 1041, 1120, etc.) 1040V, 1099A, 1099C, 1099 OID, 1041, 10986 for DOB - 2012		
4 Year(s) or period(s) (if estate tax, date of death) DOB - 2012		
5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for all items described on lines 2, 3, and 4, check here <input type="checkbox"/>		
6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for some (but not all) of the items described on lines 2, 3, and 4, check here <input checked="" type="checkbox"/> and list the applicable federal tax form number and the year(s) or period(s) applicable In accordance with Public Law 73-10, 48 Stat 48, pgs 1-112, in accordance with the power of appointment act of 1951, 26 USC 23 & 6331, mandatory rule of procedure 13.		
Part IV Revocation or Termination of Notice		
Section A—Total Revocation or Termination		
7 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship <input checked="" type="checkbox"/>		
Reason for termination of fiduciary relationship. Check applicable box: a <input type="checkbox"/> Court order revoking fiduciary authority b <input type="checkbox"/> Certificate of dissolution or termination of a business entity c <input checked="" type="checkbox"/> Other. Describe Debtor/BIC is insolvent, breach of fiduciary duty by failure to follow the will of the decedent		
Section B—Partial Revocation		
8a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship <input checked="" type="checkbox"/>		
b Specify to whom granted, date, and address, including ZIP code. Judge dba JUDGE as appointed, accepted and recorded in the court of record for Case # Revocation for breach		
Section C—Substitute Fiduciary		
9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) <input checked="" type="checkbox"/> John Lee Doe, a living soul and general executor of divine estate, secured interest holder and attorney in fact		
For Paperwork Reduction Act and Privacy Act Notice, see back page. Cat. No. 163751 Form 56 (Rev. 12-2007)		
Form 56 (Rev. 12-2007) Page 2		
Part V Court and Administrative Proceedings		
Name of court (if other than a court proceeding, identify the type of proceeding and name of agency) NAME OF COURT		Date proceeding initiated
Address of court COURT ADDRESS		Docket number of proceeding CASE #
City or town, state, and ZIP code COURT CITY, STATE NEAR [ZIP]	Date	Time a.m. p.m. Place of other proceedings
Part VI Signature		
I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.		
Please Sign Here	Fiduciary's signature	Title, if applicable Date
Form 56 (Rev. 12-2007)		

Form 56 (Rev. December 2007) Department of the Treasury Internal Revenue Service	Notice Concerning Fiduciary Relationship (Internal Revenue Code sections 6036 and 6903)	OMB No. 1545-0013
--	---	-------------------

Part I Identification

Name of person for whom you are acting (as shown on the tax return)	Identifying number	Decedent's social security no. : : : :
Address of person for whom you are acting (number, street, and room or suite no.)		
City or town, state, and ZIP code (If a foreign address, see instructions.)		
Fiduciary's name		
Address of fiduciary (number, street, and room or suite no.)		
City or town, state, and ZIP code	Telephone number (optional) ()	

Part II Authority

1 Authority for fiduciary relationship. Check applicable box:

a(1) <input type="checkbox"/> Will and codicils or court order appointing fiduciary	(2) Date of death
b(1) <input type="checkbox"/> Court order appointing fiduciary	(2) Date (see instructions)
c <input type="checkbox"/> Valid trust instrument and amendments	
d <input type="checkbox"/> Other. Describe ▶	

Part III Nature of Liability and Tax Notices

2 Type of tax (estate, gift, generation-skipping transfer, income, excise, etc.) ▶

3 Federal tax form number (706, 1040, 1041, 1120, etc.) ▶

4 Year(s) or period(s) (if estate tax, date of death) ▶

5 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **all** items described on lines 2, 3, and 4, check here ☐

6 If the fiduciary listed in Part I is the person to whom notices and other written communications should be sent for **some** (but not all) of the items described on lines 2, 3, and 4, check here ☐ and list the applicable federal tax form number and the year(s) or period(s) applicable

Part IV Revocation or Termination of Notice

Section A—Total Revocation or Termination

7 Check this box if you are revoking or terminating all prior notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship ▶ ☐

Reason for termination of fiduciary relationship. Check applicable box:

a ☐ Court order revoking fiduciary authority

b ☐ Certificate of dissolution or termination of a business entity

c ☐ Other. Describe ▶

Section B—Partial Revocation

8a Check this box if you are revoking earlier notices concerning fiduciary relationships on file with the Internal Revenue Service for the same tax matters and years or periods covered by this notice concerning fiduciary relationship ▶ ☐

b Specify to whom granted, date, and address, including ZIP code.
▶

Section C—Substitute Fiduciary

9 Check this box if a new fiduciary or fiduciaries have been or will be substituted for the revoking or terminating fiduciary and specify the name(s) and address(es), including ZIP code(s), of the new fiduciary(ies) ▶ ☐
▶

For Paperwork Reduction Act and Privacy Act Notice, see back page. Cat. No. 163751 Form 56 (Rev. 12-2007)

Form 56 (Rev. 12-2007)
Page 2

Part V Court and Administrative Proceedings

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency)	Date proceeding initiated
Address of court	Docket number of proceeding
City or town, state, and ZIP code	<div style="display: flex; justify-content: space-between;"> <div>Date</div> <div>Time a.m. p.m.</div> <div>Place of other proceedings</div> </div>

Part VI Signature

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.

<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Please Sign Here</div> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div>	Title, if applicable	Date
Fiduciary's signature		

Form 56 (Rev. 12-2007)

6.2. FORM 56

This blank form is the same form used for all 56 documents. However, they will differentiate between estate, trust and corporation.

6.2.1. CORPORATION TO BANK FOR FINANCIAL DOCUMENTS PAY PACKS.

Purpose:

This form is to establish a fiduciary relationship between entities.
(ESTATE – BANK FOR DISCHARGE OF DEBT OBLIGATION)
(CORPORATION – BANK FOR DISCHARGE OF DEBT OBLIGATION)

Instructions:

Fill out the form with your personal information following the example below.

Form 56-F (Rev. December 2009) Department of the Treasury Internal Revenue Service	Notice Concerning Fiduciary Relationship of Financial Institution (Internal Revenue Code sections 6036, 6402, and 6903)	OMB No. 1545-2159 For IRS Use Only
Part I Identification		
1 Name of person for whom you are acting (as shown on the tax return) JOHN LEE DOE, CORP		2 Employer identification number 45 SERIES
3 Address of financial institution (number, street, and room or suite no.) ANYWHERE ADDRESS		
4 City, state, and ZIP code ANYWHERE CITY, STATE NEAR [ZIP]		5 Telephone no. ()
6 Check the applicable box for the type of financial institution: <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Thrift		
7 Check here <input type="checkbox"/> if the financial institution is insolvent.		
8 Enter the ending date of the financial institution's tax year (mo., day, yr.). DECEMBER		
9 Fiduciary's name CEO/CFO		10 Contact person
11 Address of fiduciary (number, street, and room or suite no.) BANK ADDRESS		
12 City or town, state, and ZIP code BANK CITY, STATE NEAR [ZIP]		13 Telephone no. ()
14 Check the applicable box if the fiduciary is a: <input type="checkbox"/> Receiver <input type="checkbox"/> Conservator		
15 Check this box <input type="checkbox"/> if the financial institution is or was a member of a group filing a consolidated return and complete lines 16 to 21 below: Lines 16 through 21 are to be completed only if the financial institution is or was a member of a group filing a consolidated return.		
16 Name of person for whom you are acting (as shown on the tax return)		17 Employer identification number
18 Address of the common parent (number, street, and room or suite no.)		
19 City, state, and ZIP code		
20 Check here <input type="checkbox"/> if a copy of this form has been sent to the common parent of the group.		
21 Enter the tax year(s) that the financial institution is or was a member of the consolidated group ▶		
Part II Authority		
22 Evidence of fiduciary authority. Check applicable box(es), and attach copy of applicable orders: a <input type="checkbox"/> Appointment of conservator b <input type="checkbox"/> Replacement of conservator c <input type="checkbox"/> Appointment of receiver d <input type="checkbox"/> Order of insolvency e <input checked="" type="checkbox"/> Other evidence of creation of fiduciary relationship (describe) ▶ Public Law 73-10, Power of Appointment Act of 1951		
Part III Tax Notices		
23 All notices and other written communications with regard to income, employment, and excise taxes of the financial institution (listed on line 1) will be addressed to the fiduciary. Indicate below if other notices and written communications should be addressed to the fiduciary. Include the type of tax, tax periods or years involved. 1040V, 1040 ES, 1040 ES (NR), 099A, 1099C, 1099 OID, 1041, 10966, 1041 ES, W2 FROM DOB-CURRENT YEAR		
Part IV Revocation or Termination of Notice		
Section A—Total Revocation or Termination		
24 Evidence of termination or revocation of fiduciary authority (Check applicable box(es)): a <input type="checkbox"/> Certified copy of court order revoking fiduciary authority attached. b <input type="checkbox"/> Copy of certificate of dissolution or termination of a business entity attached. c <input type="checkbox"/> Other evidence of termination of fiduciary relationship (describe) ▶		
Please Sign Here	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.	
	Fiduciary's signature	Title, if applicable Date
For Paperwork Reduction Act Notice, see back of form. Cat. No. 12784J Form 56-F (Rev. 12-2009)		

6.2.2. ESTATE TO BANK FOR FINANCIAL DOCUMENTS PAY PACKS.

Purpose:

This form is used to establish a foreign trust which is tax-exempt and is foreign to U.S. jurisdiction.

Instructions:

Fill out the form with your personal information following the example below.

Form 56-F (Rev. December 2009) Department of the Treasury Internal Revenue Service	Notice Concerning Fiduciary Relationship of Financial Institution (Internal Revenue Code sections 6036, 6402, and 6903)	OMB No. 1545-2159 For IRS Use Only
Part I Identification		
1 Name of person for whom you are acting (as shown on the tax return) JOHN LEE DOE, ESTATE		2 Employer identification number 45 SERIES
3 Address of financial institution (number, street, and room or suite no.) ANYWHERE ADDRESS		
4 City, state, and ZIP code ANYWHERE CITY, STATE NEAR [ZIP]		5 Telephone no. ()
6 Check the applicable box for the type of financial institution: <input checked="" type="checkbox"/> Bank <input type="checkbox"/> Thrift		
7 Check here <input type="checkbox"/> if the financial institution is insolvent.		
8 Enter the ending date of the financial institution's tax year (mo., day, yr.). ► DECEMBER		
9 Fiduciary's name CEO/CFO		10 Contact person
11 Address of fiduciary (number, street, and room or suite no.) BANK ADDRESS		
12 City or town, state, and ZIP code BANK CITY, STATE NEAR [ZIP]		13 Telephone no. ()
14 Check the applicable box if the fiduciary is a: <input type="checkbox"/> Receiver <input type="checkbox"/> Conservator		
15 Check this box <input type="checkbox"/> if the financial institution is or was a member of a group filing a consolidated return and complete lines 16 to 21 below: Lines 16 through 21 are to be completed only if the financial institution is or was a member of a group filing a consolidated return.		
16 Name of person for whom you are acting (as shown on the tax return)		17 Employer identification number
18 Address of the common parent (number, street, and room or suite no.)		
19 City, state, and ZIP code		
20 Check here <input type="checkbox"/> if a copy of this form has been sent to the common parent of the group.		
21 Enter the tax year(s) that the financial institution is or was a member of the consolidated group ►		
Part II Authority		
22 Evidence of fiduciary authority. Check applicable box(es), and attach copy of applicable orders: a <input type="checkbox"/> Appointment of conservator b <input type="checkbox"/> Replacement of conservator c <input type="checkbox"/> Appointment of receiver d <input type="checkbox"/> Order of insolvency e <input checked="" type="checkbox"/> Other evidence of creation of fiduciary relationship (describe) ► Public Law 73-10, Power of Appointment Act of 1951		
Part III Tax Notices		
23 All notices and other written communications with regard to income, employment, and excise taxes of the financial institution (listed on line 1) will be addressed to the fiduciary. Indicate below if other notices and written communications should be addressed to the fiduciary. Include the type of tax, tax periods or years involved. 1040V, 1040 ES, 1040 ES (NR) 1099A, 1099C, 1099 OID, 1041, 10966, 1041 ES, W2 FROM DOB-CURRENT YEAR		
Part IV Revocation or Termination of Notice		
Section A—Total Revocation or Termination		
24 Evidence of termination or revocation of fiduciary authority (Check applicable box(es)): a <input type="checkbox"/> Certified copy of court order revoking fiduciary authority attached. b <input type="checkbox"/> Copy of certificate of dissolution or termination of a business entity attached. c <input type="checkbox"/> Other evidence of termination of fiduciary relationship (describe) ►		
Please Sign Here	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.	
	Fiduciary's signature	Title, if applicable Date
For Paperwork Reduction Act Notice, see back of form. Cat. No. 12784J Form 56-F (Rev. 12-2009)		

Form 56-F (Rev. December 2009) Department of the Treasury Internal Revenue Service	Notice Concerning Fiduciary Relationship of Financial Institution (Internal Revenue Code sections 6036, 6402, and 6903)	OMB No. 1545-2159 For IRS Use Only
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Part I Identification

1 Name of person for whom you are acting (as shown on the tax return)	2 Employer identification number
3 Address of financial institution (number, street, and room or suite no.)	
4 City, state, and ZIP code	5 Telephone no. ()
6 Check the applicable box for the type of financial institution: <input type="checkbox"/> Bank <input type="checkbox"/> Thrift	
7 Check here <input type="checkbox"/> if the financial institution is insolvent.	
8 Enter the ending date of the financial institution's tax year (mo., day, yr.). ▶	
9 Fiduciary's name	10 Contact person
11 Address of fiduciary (number, street, and room or suite no.)	
12 City or town, state, and ZIP code	13 Telephone no. ()
14 Check the applicable box if the fiduciary is a: <input type="checkbox"/> Receiver <input type="checkbox"/> Conservator	
15 Check this box <input type="checkbox"/> if the financial institution is or was a member of a group filing a consolidated return and complete lines 16 to 21 below: Lines 16 through 21 are to be completed only if the financial institution is or was a member of a group filing a consolidated return.	
16 Name of person for whom you are acting (as shown on the tax return)	17 Employer identification number
18 Address of the common parent (number, street, and room or suite no.)	
19 City, state, and ZIP code	
20 Check here <input type="checkbox"/> if a copy of this form has been sent to the common parent of the group.	
21 Enter the tax year(s) that the financial institution is or was a member of the consolidated group ▶	

Part II Authority

22 Evidence of fiduciary authority. Check applicable box(es), and attach copy of applicable orders:

a <input type="checkbox"/> Appointment of conservator	b <input type="checkbox"/> Replacement of conservator
c <input type="checkbox"/> Appointment of receiver	d <input type="checkbox"/> Order of insolvency
e <input type="checkbox"/> Other evidence of creation of fiduciary relationship (describe) ▶	

Part III Tax Notices

23 All notices and other written communications with regard to income, employment, and excise taxes of the financial institution (listed on line 1) will be addressed to the fiduciary. Indicate below if other notices and written communications should be addressed to the fiduciary. Include the type of tax, tax periods or years involved.

.....

.....

Part IV Revocation or Termination of Notice

Section A—Total Revocation or Termination

24 Evidence of termination or revocation of fiduciary authority (Check applicable box(es)):

a <input type="checkbox"/> Certified copy of court order revoking fiduciary authority attached.
b <input type="checkbox"/> Copy of certificate of dissolution or termination of a business entity attached.
c <input type="checkbox"/> Other evidence of termination of fiduciary relationship (describe) ▶

Please Sign Here	I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.			
	<table style="width: 100%;"> <tr> <td style="width: 50%;">Fiduciary's signature</td> <td style="width: 25%;">Title, if applicable</td> <td style="width: 25%;">Date</td> </tr> </table>	Fiduciary's signature	Title, if applicable	Date
Fiduciary's signature	Title, if applicable	Date		

For Paperwork Reduction Act Notice, see back of form.

Cat. No. 12784J

Form **56-F** (Rev. 12-2009)

SECTION G

MISCELLANEOUS FILING

CLICK ON LINK FOR MISC. FILING

<http://www.uscourts.gov/FormsAndFees/Fees/DistrictCourtMiscellaneousFeeSchedule.aspx>

This package has to be mailed by Certified Signature Receipt to:

ALL PARTIES

After receiving Nihil Dicit (Summary Judgment) close the case and obtain an exemplified copy from Clerk of the Court. Then, reopen Case Under a Non-Adverse Claim with a Writ of (Garnishment, Possession, or Restitution). Obtain Exemplified Copy of Judges order and inform defendant by certified mail return receipt of Writ of (Garnishment, Possession, or Restitution).



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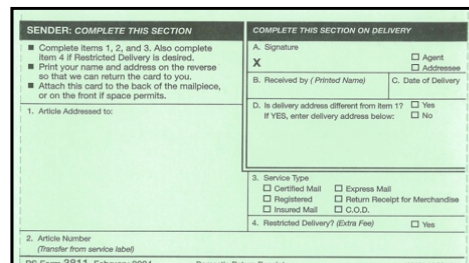
OFFICIAL USE

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Postmark
Date

Send To:
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, April 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number
(Transfer from service label)

PS Form 3811 (Enhanced) 9/04

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____
☐ Agent
☐ Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Postmaster: Return to Sender

SECTION H

NOTICE OF INTEREST AND NOTICE OF DISTRESS

This section includes a list of documents needed for this package.
This package has to be mailed by Certified Signature Receipt to:

PARTIES TO BE SERVED:

- Judge.
- Prosecuting Attorney (Criminal).
- Plaintiff or Defendant's Attorney (Civil).
- State or Federal Risk Management.
- State Bar.
- State or Federal Supreme Court.
- State or Federal Insurance Commissioner.
- State or Federal Attorney General.



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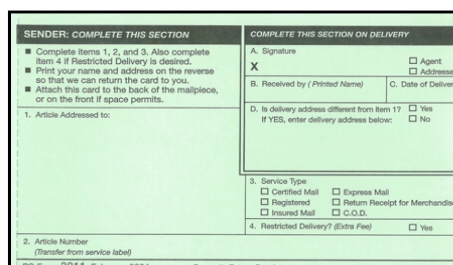
OFFICIAL USE

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Postmark Here

Send To
Street, Apt. No.,
or PO Box No.
City, State ZIP+4®

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
■ Print your name and address on the reverse so that we can return the card to you.
■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

2. Article Number
(Transfer from service label)

PS Form 3811, February 2003 Electronic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X _____
☐ Agent

B. Received by (Printed Name) _____
C. Date of Delivery _____
☐ Addressed

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

8.1. FILE NOI INTO THE RECORD OF COURT CASE

Purpose:

This form is used to file into a court record and county recorder's office. It stipulates that the person submitting the document has an "equitable interest" in the property.

Instructions:

- Access to folder named "Section H" of your seminar CD. Open file named "NOI"
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in "format" / "font" / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- Document has to be notarized.
- This form is to be mailed Certified Signature Receipt to all the parties that damaged you.

Your Name
Your Real Mtn Address
Kingman, Arizona 86401
non-domestic, without U.S.

DISTRICT IV SUPERIOR COURT
MOHAVE COUNTY, STATE OF ARIZONA

NOTICE OF INTEREST

In The Matter of

PLAINTIFF

vs.

Defendant

Case No.

File as Defendant

By: Your Name, Real Party in Interest

NOTICE OF INTEREST

In the matter of Your Name, Your Real Mtn Address versus YOUR OPPONENT AND ATTORNEY NAME

I, Your Name having knowledge of the above stated facts and being competent to witness, depose and say:

1. Your Name has a financial and commercial interest in the property, account or loan commonly described as address or account and loan number,
2. The value of the interest of Your Name is one hundred five thousand dollars and five cents (\$105,000.05).

I, Your Name, having knowledge of the above stated facts and being competent to witness, certify on my own commercial liability that the above is true, complete, and correct, and not withholding, the truth, the whole truth, and nothing but the truth.

Your Name

NOTARY

On _____ I have appeared before me, _____, a Notary Public residing in Your County, Your state, and Your Name who is known to me upon presentation of identification to be the signer of the above oath.

8.2. COURT PROCEEDS WITH LEGAL MATTER (CIVIL OR CRIMINAL).

Purpose:

This form is used for distressing the bond of any legal entity, which may have damaged you in a court case.

Instructions:

- Access to folder named “Section H” of your seminar CD. Open file named “NOD”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- Document has to be notarized.

Instructions:

This form is to be mailed Certified Signature Receipt to the following recipients and filed on a UCC-3 and recorded at County Recorders. The NOD has to be filed with all agencies and attached to those agencies complaint forms.

- Judge.
- Prosecuting Attorney (Criminal).
- Plaintiff or Defendant’s Attorney
(Civil).
- State or Federal Risk
Management.
- State Bar.
- State or Federal Supreme Court.
- State or Federal Insurance
Commissioner.
- State or Federal Attorney
General.

Notice of Distress

Your Name
Your Address
Your City, State
your.district, within US

NAME OF COURT
COUNTY, STATE OF

In The Matter of Plaintiff

vs.

Defendant,

NOTICE OF DISTRESS OF HONOR

OF Judge Name, aka
JUDGE NAME ALL CAPS, and
Attorneys Name, aka ATTORNEY
NAME ALL CAPS
Case No. XXXXXX

By: Your Name, Real Party in Interest

File as Request

NOTICE OF DISTRESS OF HONOR OF Judge Name, aka
JUDGE NAME ALL CAPS, and Attorneys Name, aka ATTORNEY NAME ALL CAPS

Notice

All men and women know that the foundation of law and commerce rests in the telling of the truth, the whole truth, and nothing but the truth.

Truth as a valid statement of reality is sovereign in commerce.

An affidavit of fact is made as well in commerce.

An affidavit of fact is asked upon as the judgment in commerce.

Disclaimer—All men shall have a remedy by the due course of law. If a remedy does not exist, or if the existing remedy is law is deficient, then one may create a remedy for themselves and make it with verifiability by expressing it in their affidavit. (Ignorance of the law might be an excuse, but it is not a valid reason for the commission of a crime when the law is ready and readily available to anyone making a reasonable effort to study the law.)

All corporate government is based upon Commercial Affidavits, Commercial Contracts, Commercial Loans and Commercial Distresses, hence, governments cannot exercise the power to regulate commercial government.

The Legitimate Political Power of a corporate entity is absolutely dependent upon its possession of Commercial Bonds against Public Hazard, because no bond means no responsibility, means no power of Official signature, means no real corporate political power, means no privilege to operate vehicles on the corporate vehicle.

Your Name

Page 1 of 11

Notice of Distress

The Corporate Legal Power is secondary to Commercial Guarantors. Case law is not a responsible substitute for a Bond.

Municipal corporations which include cities, counties, states and national governments have no commercial reality without bonding of the entity, its vehicle (statutes), and its effects (the execution of its rulings).

Except for a Jury, it is also a fatal offense for any person, even a Judge, to impair or to expunge, without a Counter-Affidavit, any Affidavit or any commercial process based upon an Affidavit.

Judicial non-jury commercial judgments and orders originate from a limited liability entity called a municipal corporation, hence must be reinforced by a Commercial Affidavit and a Commercial Liability Bond.

A foreclosure by a summary judgment (non-jury) without a commercial bond is a violation of commercial law.

Governments cannot make unbonded rulings or statutes which control commerce, free enterprise citizens, or sole proprietorships without suspending commerce by a general declaration of martial law.

It is tax fraud to use Courts to settle a dispute/controversy which could be settled peacefully outside of or without the Court.

An official (officer of the court, policeman, etc) must demonstrate that he/she is individually bonded in order to use a summary process.

An official who impairs, debauches, voids or abridges an obligation of contract or the effect of a commercial lien without proper cause, becomes a lien debtor and his property becomes forfeited as the pledge to secure the lien. Pound breach (breach of impoundment) and rescue is a felony.

It is against the law for a Judge to summarily remove, dismiss, dissolve or diminish a Commercial Lien. Only the Lien Claimant or a Jury can dissolve a commercial lien.

Notice to agent is notice to principal; notice to principal is notice to agent.

POINTS OF LAW/CASE CITES

PUBLIC HAZARD BONDING OF CORPORATE AGENTS All officials are required by federal, state, and municipal law to provide the name, address and telephone number of their public hazard and malpractice bonding company and the policy number of the bond and, if required, a copy of the policy describing the bonding coverage of their specific job performance. Failure to provide this information constitutes corporate and limited liability insurance fraud (15 USC) and is prim-a-facie evidence and grounds to impose a lien upon the official personally to secure their public oath and service of office.

Notice of Distress

Your Name (as a Real Party in Interest) notice, regardless if deemed in-artfully plead, must be held to a less stringent standard than formal pleadings drafted by bar-admitted attorneys and can only be dismissed for failure to state a claim if it appears beyond a doubt that **Your Name** can prove no set of facts in support of [his] claims which would entitle him to relief.” [in the nature of Haines v. Kerner, 404 U.S., 519-521; Richardson v. Flemming, 651 F.2d at 368 (quoting Estelle v. Gamble, 429 U.S. 97, 97 S.Ct. 285, 50 L.Ed.2d 251, (1976); Conley v. Gibson, 355 U.S. 41, 78 S. Ct. 99, 2 L.Ed.2d 80 (1957); Alexander v. Ware, 714 F.2d 416 (1983); Hayes v. Western Weighing and Inspection Bureau, 838 F.2d 1434 (5th Cir. 1988))]. **Your Name** factual allegations in the text must be accepted as true, along with any reasonable inferences that may be drawn there from. [in the nature of Ryland v. Shapiro, 708 F.2d 987 (5th Cir.1983)]. **Your Name** petition must not be read “too narrowly”, but must instead be read “liberally” so that any inferences may be drawn there from. [in the nature of Bruce v. Wade, 537 F.2d.850 (5th Cir.1976)].

Your county)
) it is true
Your state)

I, appearing as **Your Name**, Affiant, over the age of twenty-one years, competent with first hand knowledge, on my own unlimited commercial liability, do make this affidavit pleading to stop on ongoing tort committed by **Judge's Name**, a man/woman, bonded and d/b/a **JUDGE NAME ALL CAPS** and **Attorney's Name** Upper and Lower Case, a man/woman, bonded and d/b/a **ATTORNEY NAME ALL CAPS** against your name, a man, and do state the following that:

1. The parties to this distress are:

Your Name/distress claimant
(Secured Creditor)
Mailing Address
City State [Zip]

Judges Name.../lien debtor/tort feisor
NAME OF COURT
COURT ADDRESS

Attorney Name.../lien debtor/tort feisor ARIZONA
STATE BAR #
LAW FIRM NAME
LAW FIRM ADDRESS

ALLEGATIONS

Allegations arise from the conduct of **Name of Judge** acting as JUDGE for and **Attorney Name** acting as ATTORNEY in **COURT IN THE COUNTY OF** on date. The allegations below follow those recorded in “AFFIDAVIT OF TRUTH” filed date at the **Name of Court**.

Notice of Distress

1. The above listed lien debtors/joint tort feors are committing an ongoing tort against the private and public interests of **Your Name** by forcing an open court re-bid against a second contract (retort) thereby under color of law engaging in constitutional infringement, denying **Your Name** right to private contract.
2. The above listed lien debtors/joint tort feors have unlawfully distressed the Real Property of **Your Name** by denying knowledge/allowance of a Banker's Acceptance and refusing to recognize legitimate Offer of Payment on Real Property.
3. The above listed lien debtors/joint tort feors have denied/disregarded the validity of the financial assets against Public Policy 73-10 by refusing **Your Name** Promissory Note Tendered in court on **Date** and restricting the court's *required* form of payment to *cash* only.
4. The above listed lien debtors/joint tort feors disregarded **Your Name's** Notice Of Interest, and without waiting the 21 days required under said Notice, **Judge's Name** immediately acknowledged **Attorney's Name** request that the court deny your interest and rights.
5. The above listed lien debtors/joint tort feors claimed the desire to act in the "best interest" of the estate yet acted under color of law to deny **Your Name** right to contract, denied his offer of a substantially highest bid and without justification denied **Your Name** legal offer and manner of payment only to allow another to pay a lesser bid with a comparable debt instrument.

PROOF OF ALLEGATIONS

6. The proof of the allegations are contained in the clerk's file in Case No. **XXXXXX** and in the official court record and transcripts---see AFFIDAVIT OF TRUTH on file at the **County Court Clerks Office, dated XXXXX**.

LEDGER AND TRUE BILL

Ledgering: Ledgering for the violations of the united States Constitution and the Bill of Rights against **Your Name** by **Judges Name**, d/b/a **JUDGE NAME ALL CAPS** and **Attorney's Name** d/b/a **ATTORNEY NAME ALL CAPS** described in the "Allegations" above is under 18 USC 241, CONSPIRACY AGAINST THE RIGHTS OF CITIZENS. "If two or more persons conspire to injure, threaten, or intimidate any citizen in the free exercise or enjoyment of any right or privilege secured to him by the Constitution or laws of the United States, or because of his having so exercised the same; or if two or more persons go in disguise on the highway or the premises of another, with intent to prevent or hinder his free exercise or enjoyment of any right or privilege so secured -- they shall be fined not more that \$10,000 or imprisoned not more than 10 years, or both: and if death results they shall be subject to imprisonment for any term of years or for life". "Allegations" above is under 18 USC 242, DEPRIVATION OF RIGHTS UNDER COLOR OF LAW. "Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any inhabitant of any State, Territory, or District to the deprivation of

Notice of Distress

any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, on account of such inhabitant being an alien, or by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined not more than \$1,000 or imprisoned not more than one year, or both; and if bodily injury results shall be fined under this title or imprisoned not more than ten years, or both; and if death results shall be subject to imprisonment for any term of years or for life".

The specific violations of the Constitution are listed point for point under the corresponding numbered allegation as above. For example numerals such as 193 would be interpreted as Article 1, Section 9, Clause 3 of the Constitution, or AM 1 would be interpreted as Amendment 1 of the Bill of Rights of the Constitution.

1. The Real property of **Your Name** has been unlawfully distressed by the lien debtors:
 - A. AM 4 any action against me must be fully described in writing, issued by a court of law, signed by a judge, and sworn on oath
 - B. AM 5 no person to be deprived of anything without due process
 - C. AM 9 all rights belong to the people some are stated some are not
 - D. AM 13 no law-abiding person shall be forced to act against his will
 - E. AM 9 all rights belong to the people; some are stated, some are not
 - F. AM 10 all government power comes from the consent of the people governed
 - G. AM 14 all persons born or naturalized are US citizens and protected by US Constitution
 - H. AM 14 all persons equally protected and restricted by law
 - I. AM 14 no person to hold office if he rebels against or violates US Constitution (treason)
 - J. AM 14 no state shall make or enforce any law limiting rights of US Constitution
 - K. AM 14 no state shall deprive anyone of anything without fair trial
 - L. 101 no state shall set anyone above the common man.
 - M. 101 no state shall work against US Constitution with anyone
 - N. 101 no state shall declare war on a person (resort to force) in violation of Constitution
 - O. 101 no state shall allow any person or group to make a law, judge on it, and punish under it
 - P. 193 no person or group can make a law, judge on it, and punish under it
 - Q. 331 no controlling agency shall harass a US citizen (mixed war/treason)
 - R. 431 no controlling agency shall be formed in violation of US Constitution
 - S. 441 the US to protect every citizen against personal attack or attack on rights
 - T. 612 "This Constitution is the Supreme Law of the Land."
 - U. 613 all law makers court officials and enforcement officers are bound by oath to the US Constitution
2. **Judges Name and Attorneys Name** have acted outside of their oaths of office.
 - A. AM 4 any action against me must be fully described in writing, issued by a court of law, signed by a judge, and sworn on oath
 - B. AM 10 all government power comes from the consent of the people

Notice of Distress

- C. AM 14 all persons equally protected and restricted by law
 - D. AM 14 no person to hold office if he rebels against or violates US Constitution (treason)
 - E. 101 no state shall work against US Constitution with anyone
 - F. 612 "This Constitution is the Supreme Law of the Land."
 - G. 613 all law makers, court officials, and enforcement officers are bound by oath to the US Constitution
3. Judges Name and Attorneys Name have acted outside of their oaths of office.
- A. AM 4 any action against me must be fully described in writing, issued by a court of law, signed by a judge, and sworn on oath
 - B. AM 10 all government power comes from the consent of the people
 - C. AM 14 all persons equally protected and restricted by law
 - D. AM 14 no person to hold office if he rebels against or violates US Constitution (treason)
 - E. 101 no state shall work against US Constitution with anyone
 - F. 612 "This Constitution is the Supreme Law of the Land."
 - G. 613 all law makers, court officials, and enforcement officers are bound by oath to the US Constitution
4. I have been threatened with LOSS OF PROPERTY for exercising my rights.
- A. AM 4 I am safe from any unwarranted searches/seizures
 - B. AM 4 any action against me must be fully described in writing, issued by a court of law, signed by a judge, and sworn on oath
 - C. AM 5 no person to be deprived of anything without due process
 - D. AM 6 I may require as much in writing as is required of me
 - E. AM 9 all rights belong to the people some are stated some are not
 - F. AM 10 all government power comes from the consent of the people
 - G. AM 13 no law-abiding person shall be forced to act against his will
 - H. AM 14 all persons born or naturalized are US citizens and protected by US Constitution
 - I. AM 14 all persons equally protected and restricted by law
 - J. AM 14 no person to hold office if he rebels against or violates US constitution (treason)
 - K. AM 14 no state shall make or enforce any law limiting rights of US Constitution
 - L. AM 14 no state shall deprive anyone of anything without fair trial
 - M. 101 no state shall work against US Constitution with anyone
 - N. 101 no state shall declare war on a person (resort to force) in violation of Constitution
 - O. 101 no state shall allow any person or group to make a law, judge on it, and punish under it
 - P. 193 no person or group can make a law, judge on it, and punish under it
 - Q. 331 only courts can decide punishment and rewards with regards to law
 - R. 331 no controlling agency shall harass a US citizen (mixed war/treason)
 - S. 431 no controlling agency shall be formed in violation of US Constitution
 - T. 441 the US to protect every citizen against personal attack or attack on rights

Notice of Distress

- U. 612 "This Constitution is the Supreme Law of the Land."
V. 613 all law makers, court officials, and enforcement officers are bound by oath to the Constitution
5. Agents of the court under the control of **Judge's Name** have appeared hostile and threatening to me while in the possession of fire arms.
- A. AM 4 I am safe from any unwarranted searches/seizures
B. AM 4 any action against me must be fully described in writing, issued by a court of law, signed by a judge, and sworn on oath
C. AM 5 no person to be forced to say or do anything that could be used against him later
D. AM 5 no person to be deprived of anything without due process
E. AM 6 I may require as much in writing as is required of me
F. AM 9 all rights belong to the people some are stated some are not
G. AM 10 all government power comes from the consent of the people
H. AM 13 no law-abiding person shall be forced to act against his will
I. AM 14 all persons born or naturalized are US citizens and protected by US Constitution
J. AM 14 all persons equally protected and restricted by law
K. AM 14 no person to hold office if he rebels against or violates US Constitution (treason)
L. AM 14 no state shall make or enforce any law limiting rights of US Constitution
M. AM 14 no state shall deprive anyone of anything without fair trial
N. 101 no state shall work against US Constitution with anyone
O. 101 no state shall declare war on a person (resort to force) in violation of Constitution
P. 101 no state shall allow any person or group to make a law, judge on it, and punish under it
Q. 193 no person or group can make a law, judge on it, and punish under it
R. 331 no controlling agency shall harass a US citizen (mixed war/treason)
S. 331 no controlling agency shall be formed in violation of US Constitution
T. 441 the US to protect every citizen against personal attack or attack on rights
U. 612 "This Constitution is the Supreme Law of the Land."
V. 613 all law makers court officials, and enforcement officers are bound by oath to the US Constitution
1. **Judge's Name** has libeled and accused me of breaking some laws referring to my supposedly "esoteric beliefs of what money is".
- A. AM 4 any action against me must be fully described in writing, issued by a court of law, signed by a judge, and sworn on oath
B. AM 5 no person to be deprived of anything without due process
D. AM 9 all rights belong to the people some are stated some are not
E. AM 10 all government power comes from the consent of the people
F. AM 14 all persons born or naturalized are US citizens and protected by US Constitution
G. AM 14 all persons equally protected and restricted by law

Notice of Distress

- H. AM 14 no person to hold office if he rebels against or violates US Constitution (treason)
 - I. AM 14 no state shall make or enforce any law limiting rights of US Constitution
 - J. 101 no state shall work against US Constitution with anyone
 - K. 101 no state shall declare war on a person (resort to force) in violation of Constitution
 - L. 331 no controlling agency shall harass a US citizen (mixed war/treason)
 - M. 441 the US to protect every citizen against personal attack or attack on rights
 - N. 612 "This Constitution is the Supreme Law of the Land."
 - O. 613 all law makers, court officials, and enforcement officers are bound by oath to the US Constitution.
1. Without explaining the conditions of the contract and without making any attempt at a full disclosure, **Judges Name and Attorneys Name** have tried to attach adhesion and unconscionable contracts to me.
- A. AM 4 any action against me must be fully described in writing, issued by a court of law, signed by a judge, and sworn on oath
 - B. AM 5 no person to be forced to say or do anything that could be used against him later
 - C. AM 5 no person to be deprived of anything without due process
 - D. AM 6 I may require as much in writing as is required of me
 - E. AM 6 in actions involving threat of jail accused to have public trial
 - F. AM 9 all rights belong to the people some are stated some are not
 - G. AM 10 all government power comes from the consent of the people
 - H. AM 13 no law-abiding person shall be forced to act against his will
 - I. AM 14 all persons born or naturalized are US citizens and protected by US Constitution
 - J. AM 14 all persons equally protected and restricted by law
 - K. AM 14 no person to hold office if he rebels against or violates US Constitution (treason)
 - L. AM 14 no state shall make or enforce any law limiting rights of US Constitution
 - M. AM 14 no state shall deprive anyone of anything without fair trial
 - N. 101 no state shall work against US Constitution with anyone
 - O. 101 no state to pass any law impairing the obligations of contract
 - P. 101 no state shall allow any person or group to make a law, judge on it, and punish under it
 - Q. 111 only Congress has power to make law
 - R. 193 no person or group can make a law, judge on it, and punish under it
 - S. 331 only courts can decide punishment and regards with regards to law
 - T. 331 no controlling agency shall harass a US citizen (mixed war/treason)
 - U. 431 no controlling agency shall be formed in violation of US Constitution
 - V. 441 the US to protect every citizen against personal attack or attack on rights
 - W. 612 "This Constitution is the Supreme Law of the Land."
 - X. 613 all law makers, court officials, and enforcement officers are bound by oath to the US Constitution.

Notice of Distress

2. **Judges Name and Attorneys Name** have sent an unsolicited presentment to me trying to attach my property unlawfully.
- A. AM 4 I am safe from any unwarranted searches/seizures
 - B. AM 4 any action against me must be fully described in writing, issued by a court of law, signed by a judge, and sworn on oath
 - C. AM 5 no person to be forced to say or do anything that could be used against him later.
 - D. AM 5 no person to be deprived of anything without due process
 - E. AM 9 all rights belong to the people some are stated some are not
 - F. AM 10 all government power comes from the consent of the people
 - G. AM 13 no law-abiding person shall be forced to act against his will
 - H. AM 14 all persons born or naturalized are US citizens and protected by US Constitution
 - I. AM 14 all persons equally protected and restricted by law
 - J. AM 14 no person to hold office if he rebels against or violates US Constitution (treason)
 - K. AM 14 no state shall make or enforce any law limiting rights of US Constitution
 - L. AM 14 no state shall deprive anyone of anything without fair trial
 - M. 101 no state shall work against US Constitution with anyone
 - N. 101 no state shall declare war on a person (resort to force) in violation of Constitution
 - O. 101 no state to pass any law impairing the obligations of contract
 - P. 101 no state shall allow any person or group to make a law, judge on it, and punish under it
 - Q. 111 only Congress has power to make law
 - R. 193 no person or group can make a law, judge on it, and punish under it
 - S. 331 no controlling agency shall harass a US citizen (mixed war/treason)
 - T. 431 no controlling agency shall be formed in violation of US Constitution
 - U. 441 the US to protect every citizen against personal attack or attack on rights
 - V. 612 "This Constitution is the Supreme Law of the Land."
 - W. all law makers, court officials, and enforcement officers are bound by oath to the US Constitution

Surety: There are one-hundred forty-one (141) listed Constitution and Bill of Rights violations valued at \$10,000 per violation times two (2) Lien Debtors for a total value of this bill of Two-million eight-hundred twenty-thousand dollars (\$2,820,000.00) in Functional Currency of the United States. The surety/property utilized to guarantee the payment of this commercial lien is the operational/commercial bonds of each of the Lien Debtors. If the bond(s) of the Lien Debtors is/are insufficient for coverage the payment(s) the assets of the Lien Debtor(s) will be utilized as follows: all the real and moveable property and bank and savings accounts and of the Lien Debtors except wedding rings, keepsakes, family photographs, diaries, journals, etc., and the property normally exempted in the lien process (includes survival provisions).

Notice of Distress

Invoice: DEMAND IS NOW MADE UPON **Judges Name and Attorneys Name** individually or severally for the sum certain of two-million eight-hundred twenty thousand DOLS and zero CTS.

Proof of Allegations: see the official court file for Case No. **XXXXXX** on file at the **YOUR COURT NAME, YOUR COUNTY, STATE OF XXXXX.**

VERIFICATION

I, **Your Name**, over the age of twenty-one years, competent to witness, and upon my own unlimited commercial liability, do state that I have read the above Notice of Distress and do know the contents to be true, correct, and complete, and not misleading, the truth, the whole truth, and nothing but the truth, and do believe that the above described acts by the lien debtors/joint tort feors have been committed with intent and knowledge contrary to law.

Your Name, all rights reserved without the US

date

NOTARY

I, _____, a notary public residing in **Your** county, **Your** state, do say that on the ____ day of _____, 20__ CE, that a man known to me as **Your Name** appeared before me in his true character and did affix his autograph to the above NOTICE OF DISTRESS OF BONDS OF **Judges Name** d/b/a **JUDGE NAME ALL CAPS** and **Attorneys Name** d/b/a **ATTORNEY NAME ALL CAPS** of his own free will and choice.

Notary Public
Seal

date

PROOF OF POST AND CONTENTS POSTED

I, **Your Name**, over the age of twenty-one years, competent to witness, do say that on the ____ day of _____, 20__ CE, I did post or cause to be posted (postage prepaid) the above NOTICE OF DISTRESS AFFIDAVIT OF OBLIGATION OF NECESSITY to the below listed party within the US:

Judges Name
NAME OF COURT
COURT ADDRESS
domestic, within the US

Attorneys Name.
LAW FIRM NAME
LAW FIRM ADDRESS
domestic, within the US

Your Name

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Notice of Distress

Your Name , UCC3-402 (b)(1)

date

cc.: Name of Manager
ADOA, RISK MANAGEMENT
RISK MANAGEMENT ADDRESS
CITY STATE ZIP

Attorney General and Insurance Commissioner

EXAMPLE

Your Name

Page 11 of 11

SECTION I

ACCEPTED FOR VALUE

This Section includes a list of the documents needed for this packet. The Registered Mail must bear a barcoded red Label 200. The label must be placed above the delivery address and to the right of the return address, or to the left of the delivery address on parcels.

MAIL PACKAGE TO:

**SECRETARY OF THE TREASURY
C/O JACOB J. LEW
1500 PENNSYLVANIA AVENUE NW
WASHINGTON, D.C. NEAR [20220]**

DUPLICATE PACKAGE MAIL CERTIFIED MAIL RETURN RECEIPT TO:

**DEPARTAMENTO DE HACIENDA
P.O. BOX 9024140
SAN JUAN, PUERTO RICO NEAR
[009024140]**

UNITED STATES POSTAL SERVICE[®]
REGISTERED MAIL[™]



7700 0000 0000 0000 0000

Label 200, August 2005 PSN 7690-03-000-9311

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature X</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:			
2. Article Number (Transfer from service label)			

PS Form 3811 February 2004 Postmaster: Return Receipt 501050-00-000-1000

Registered No. Date Stamp

To Be Completed by Post Office	
Reg. Fee	
Handling Charge	Return Receipt
Postage	Restricted Delivery
Received by	

Customer Must Declare Full Value \$ Domestic Insurance up to \$25,000 is included based upon the declared value. International indemnity is limited. (See Reverse.)

OFFICIAL USE

To Be Completed by Customer All Entries Must Be in Ballpoint or Typed	
FROM	
TO	

PS Form 3808, Receipt for Registered Mail Copy 1 - Customer
May 2007 (7530-02-000-9051)
For domestic delivery information, visit our website at www.usps.com

9.1. COVER LETTER - 4

JOHN LEE DOE

C/O ANYWHERE ADDRESS

CITY, STATE AND [ZIP CODE]

DATE: FEBRUARY 11, 2012

THE FOLLOWING ITEMS WERE SENT VIA USPS REGISTERED MAIL NUMBER:

RA 035 316 840 US ACCEPTED FOR VALUE AND EXEMPT FROM LEVY. FOR
CREDIT AND DEPOSIT TO POST REGISTERED ACCOUNT NUMBER: ORIGINAL
POST REGISTERED MAIL NUMBER AND PASS THROUGH ACCOUNT

NUMBERS: 123456789 / Z12345678

1.

2.

3.

4.

TO:

U.S. DEPARTMENT OF THE TREASURY

1500 PENNSYLVANIA AVENUE, NW

WASHINGTON, D.C. 20220

ATTENTION: JACOB J. LEW, SECRETARY OF THE TREASURY

NOTICE: PLEASE STAMP FILED/RECEIVED ON ALL DOCUMENTS AND
RETURN ALL DOCUMENTS AND RECORDS WITH IRS BATCHING NUMBERS
TO THE C/O MAILING ADDRESS ABOVE.

ALL DOCUMENTS WERE CC'D TO:

DEPARTAMENTO DE HACIENDA

P.O. BOX 9024140

SAN JUAN, PUERTO RICO 009024140

9.2. NOTICE

Purpose:

This form is used to have the Birth State and/or USCIS to secure your interest in your master bond.

Instructions:

- Access to folder named “Section I” of your seminar CD. Open file named “Notice”
- There is no need to fill anything out.
- Print document.

NOTICE:

PLEASE RECORD THIS INSTRUMENT FOR
DISCHARGE IN COMPLIANCE WITH TITLE 46.
PLEASE INFORM THE THIRD PARTY OF THE
RECORDING SO THAT THEY CAN HONOR THEIR
OBLIGATION.

THANK YOU IN ADVANCE.

9.3. AFFIDAVIT OF NOTARY PRESENTMENT

Purpose:

This form is a Presentment Statement taken by the notary on behalf of the client and used to perfect a claim.

Instructions:

- Access to folder named “Section I” of your seminar CD. Open file named “Notary Presentment.”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- Document has to be notarized.

9.4. BILLING STATEMENT

Purpose:

This form is used to create a money order to discharge debt.

Instructions:

- This AFV statement is to be printed on top of Billing Statement with money order.
- Supply Payee info in money order template.
- All AFV'S are to Be in the FOREIGN ESTATE EIN or the ESTATE EIN.
- This document is to be registered on a UCC-3 with the Secretary of State. The Certified Copy from the Secretary of State is to be mailed to the Secretary of the Treasury. (See example of UCC – 3 in “Section A.”)

UCC – 3 Sample Verbiage

This is an amendment to the original entry to the Secured Party in the commercial to UCC- 1 File No. **0123456789** and **Birth Certificate State** File No. **0123456789** and through Private Offset Account No. **Back of SSN** as herein registered to correct the filing as to acceptance for value/lien on the collateral at **Amount of Billing Statement \$USD,** Billing Statement **No. 0123456789** Said Registration is to secure the rights to title(s) and interest in the Collateral. Adjustment is Purview of Public HJR-192 and UCC 10-104.

Accepted for Value
Returned For Value
For Settlement of Account

By: _____
Exempt from Levy
Exemption Account # XXX-XX-XXXX
Private Offset Account # exemption i.d. #
Date: APRIL 18, 2012
SIGNATURE
XXXXXXXXXX

Money Order

Date: April 18, 2012

Pay To: THE UNITED STATES TREASURY
And Credit To: CENTURY LINK
Eighty-Four Dollars and 04/100 Cents

\$84.04

By: SIGNATURE EIN-XXXXXXXXXX

Authorized Representative / Settlor

9.5. 1040-ES

Purpose:

This form is used to satisfy any and all debt obligations on security instruments issued to U.S. TREASURY.

Instructions:

- Attach to mailing package a 1040 ES check (see section E).

9.6. 1040-V

Purpose:

This form is used to satisfy any and all debt obligations on security instruments issued to U.S. TREASURY.

Instructions:

- Attach to mailing package a 1040 V check (see section E)

9.7. 1041-ES

Purpose:

This form is used to satisfy any and all debt obligations on security instruments issued to U.S. TREASURY.

Instructions:

- Attach to mailing package a 1040 ES check (see section I).

9.8. 1041-V

Purpose:

This form is used to satisfy any and all debt obligations on security instruments issued to U.S. TREASURY.

Instructions:

- Attach to mailing package a 1040 V check (see section I)

9.9. INTERNATIONAL PROMISSORY NOTE

Purpose:

This form is used to offset and discharge any debt obligation.

Instructions:

- Access to folder named “Section I” of your seminar CD. Open file named “IPN”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**
- This document is to be registered on a UCC-3 with the Secretary of State. The Certified Copy from the Secretary of State is to be mailed to the Secretary of the Treasury. (See example of UCC – 3 in “Section A.”)

UCC – 3 Sample Verbiage

This is an amendment to the original entry to the Secured Party in the commercial to UCC- 1 File No. **0123456789** and **Birth Certificate State** File No. **0123456789** and through Private Offset Account No. **Back of SSN** as herein registered to correct the filing as to acceptance for value/lien on the collateral at **\$2,000,000,000. 00 USD** International Promissory Note. **0123456789** Said Registration is to secure the rights to title(s) and interest in the Collateral. Adjustment is Purview of Public HJR-192 and UCC 10-104.

9.10. FIDUCIARY TRUSTEE INSTRUCTIONS

Purpose:

This form is used to instruct the appointed fiduciary, to lawfully discharge of debt and balance the books.

Instructions:

- Access to folder named “Section I” of your seminar CD. Open file named “FTI”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**

Certified Mail # _____

For: **FRANK M LASTO, U.S. TRUST**
By: **Frank Middle Lasto**, Owner/Authorized Representative
c/o **TD Ameritrade Street**
New Orleans, **Anywhere City, State Republic**
Continental America
Remission ID# **00001** no dashes
Private Credit Account ID# **remission # back of a.s. card**
Foreign Trust ID# **Foreign Trust ID#**
Estate ID# **Estate ID#**

INTERNAL REVENUE SERVICE
ATTN: PRIVATE TRUSTEEY CDD OFFICE

Date _____

**PRIVATE BANKERS ACCEPTANCE OF ENCLOSED PRESENTMENTS FOR
VALUE, RETURN, SETTLEMENT AND CLOSURE.**

As sole Principle Owner/Trustee for the U.S. TRUST, FRANK M LASTO, listed on the enclosed presentments, I, **Frank Middle Lasto**, the Authorized Representative and Seller, do hereby ACCEPT THE ENCLOSED WILL PLEASE RETURN INSTRUMENTS FOR VALUE, RETURN FOR VALUE SETTLEMENT TO YOUR HONORABLE OFFICE for Processing.

NOTICE:

1. This filing is assessed with U.S. 1, 100, 1, 100, PUBLIC LAW CHAPTER 48, 48 STAT. 112, PUBLIC LAW 78-10, TITLE 31, SECT 518 AND 518 THE FIDELITY, THE DEBTOR, THE DEBTOR, **FRANK M LASTO**, entered into Commercial Registry as a licensing entity for the sole purpose of licensing commercial activity as a market for the benefit of the TRUSTEE/DEBTOR, **FRANK M LASTO**. Due to the absence of real "money" supported by evidence" since March 1983, discharging one's part of the public debt by a "Temporary Note" is the ONLY lawful way to settle all prior debt and provisions. This shall be done per my order via THE TRUST **FRANK M LASTO** and by my voluntary transfer and offer of "MY PRIVATE ASSET/CREDIT ACCOUNT".
2. I, **Frank Middle Lasto**, have established lawful STATUS AND STANDING as a PRINCIPLE CREDITOR to the U.S. CORPORATION to offer my Private Credit Remission/Asset as noted in the public record as THE PRIVATE TRUSTEE/DEBTOR and THE SELLER FOR THE TRUSTEE, **FRANK M LASTO**.
3. I have full POWER OF ATTORNEY and as HOLDER IN DUE COURSE with first right of claim as GRANTOR and sole EXECUTOR OF THE **FRANK M LASTO** ESTATE, **EDM WITH CASHES** and I am duly and morally authorized to discharge my public presentment "charged" to THE TRUSTEE/DEBTOR offering my signature

voluntarily to create the credit to balance the accounting without interference from any party under International Commercial law.

4. I have properly endorsed the enclosed negotiable instruments both and back in proper banker's acceptance format.
5. Pending the return of money of substance and with valuable consideration and backing, my attempt to collect liability instruments further increases the national debt and places all accounted deeper into involuntary servitude and, upon proof of claim that you can show me your written instrument that allows you to hold me in a state of involuntary servitude, I humbly request that you execute my order to lawfully discharge these public debts.

ORDER AND INSTRUCTIONS TO THE PRIVATE COIN TREASURY OFFICER

1. For your solemn OATH OF OFFICE to the people, you are hereby notified and instructed as my appointed FIDUCIARY to properly and lawfully balance these accounts and forward THE BANKER'S acceptance for value and return for value and settlement as the accounts shown on these promissory notes to the Proper Agency and update the Accounting regarding these commercial instruments and financial transactions.
2. Properly credit the presenter of the enclosed negotiable instruments to the amount shown on the face of the instrument.
3. You are further instructed to satisfy all related agencies, courts and corporations that these accounts have been set off by my present credit, settled as is lawfully by the principle condition. ALL CLAIMS AGAINST THE DEBITOR/DEBTOR is made in the lawful acceptance and settlement of these accounts MUST NOW BE RELEASED.
4. If you have any valid claim as to why this transaction is unlawful or incorrect, a Living Authorized Representative for your Agency is required to sign his/her claim as presented it to the Private Trustee within (90) thirty days of the release in the heading of this notice. Your claim shall state the penalty of property and ALL commercial and personal liability for the full amount of this transaction. Claimant must include detailed Administrative Procedures for currently holding commercial paper under INTERNATIONAL UCC CONTRACT LAW. Any calculation presented as national debt will nullify this transaction and cause it to be national void.
5. A Federal Investigator will be required to verify the settlement of these accounts.

Presented to you this day, _____, in commercial form, BY ORDER OF THE FIRST M. LAST C, U.S. TRUST.

By _____, Receiver and Trustee
THE FIRST M. LAST C

Order/Authorized Representative

All documents associated with this assignment have been forwarded to notice:

1. BILLING COMPANY
2. OFFICE OF CHIEF COUNSEL (MAR220)
MARITIME ADMINISTRATION
1200 NEW JERSEY AVENUE, S.E.
WASHINGTON, DC 20590 CERTIFIED MAIL # 70111570000205878738
3. DEPARTMENT DE HACIENDA (TREASURY)
ATTN: PRIVATE TREASURY CID OFFICER
P.O. BOX 9024140
SAN JUAN, PUERTO RICO 00902 CERTIFIED MAIL # 70111570000205878738
4. INTERNAL REVENUE SERVICE
ATTN: PRIVATE TREASURY CID OFFICER
STOP 4440
P.O. BOX 9036
OGDEN, UTAH 84201 CERTIFIED MAIL # 70111570000205878738
5. IRS TECHNICAL SUPPORT DIVISION
ATTN: PRIVATE TREASURY CID OFFICER
C/O TREASURY UCC CONTRACT TRUST
INTERNAL REVENUE SERVICE
1500 PENNSYLVANIA AVENUE N.W.
WASHINGTON D.C. 20220 CERTIFIED MAIL # 70111570000205878738
6. INTERNAL REVENUE SERVICE
CRIMINAL INVESTIGATION DIVISION
ATTN: PRIVATE TREASURY CID OFFICER
BOX 192
COVINGTON, KY. 41012 CERTIFIED MAIL # 70111570000205878738

9.11. UCC-1

Instructions:

- Attach to mailing package a Certified Copy of previous filed UCC-1 and UCC-1 Addendum (see Section A).

9.12. UCC-3

Instructions:

- Attach to mailing package a Certified Copy of UCC-3 of recorded IPN and Billing Statement used in this AFV packet.

9.13. W8

Instructions:

Attach to mailing package original W8 (see Section B).

SECTION J

SECURED FUNDING BOND

This Section includes a list of the documents needed for this package. The Registered Mail must bear a barcoded red Label 200. The label must be placed above the delivery address and to the right of the return address, or to the left of the delivery address on parcels.

MAIL PACKAGE TO:

**SECRETARY OF THE TREASURY
C/O JACOB J. LEW
1500 PENNSYLVANIA AVENUE NW
WASHINGTON, D.C. NEAR [20220]**

DUPLICATE PACKAGE MAIL CERTIFIED MAIL RETURN RECEIPT TO:

**DEPARTAMENTO DE HACIENDA
P.O. BOX 9024140
SAN JUAN, PUERTO RICO NEAR
[009024140]**

UNITED STATES POSTAL SERVICE ®
REGISTERED MAIL™



7700 0000 0000 0000 0000

Label 200, August 2005 PSN 7690-03-000-9311

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to:			
2. Article Number (Transfer from service label)			

PS Form 3811 February 2004 Domestic Return Receipt

Registered No. _____ Date Stamp _____

To Be Completed By Post Office	
Reg. Fee	
Handling Charge	Return Receipt
Postage	Restricted Delivery
Received by _____	

Customer Must Declare Full Value \$ _____ Domestic Insurance up to \$25,000 is included based upon the declared value. International indemnity is limited. (See Reverse)

OFFICIAL USE

To Be Completed By Customer All Entries Must Be in Blockprint or Typed	
FROM	
TO	

PS Form 3806, Receipt for Registered Mail Copy 1 - Customer
May 2007 (7530-02-000-9051)
For domestic delivery information, visit our website at www.usps.com ®

10.1. OPEN A SECURITY BANK ACCOUNT

Instructions and Order for Mailing:

- OPEN A BANK ACCOUNT
TYPES OF ACCOUNT FULL SERVICE BROKERAGE ACCOUNT,
TREASURY DIRECT ACCOUNT, ZERO BALANCED ACCOUNT, NON-
DEPLETING SECURITIES ACCOUNT.
- File UCC -3 registering Secured Funding Bond.
- Deposit UCC -3 registering Secured Funding Bond into Treasury.
- Secured Funding Bond.
- Commercial Security Agreement
- W8

Notes: Use an attorney and negotiate a Depository Transaction of Secured Funding Bond into Bank (have a form 56f with Bank and form 56 with attorney.)

10.2. SECURED FUNDING BOND REGISTERD ON UCC3

Purpose:

The Secured Funding Bond is used on a UCC-3, to register claim/ lien hold on bond.

Instructions:

- Access to folder named “Section J” of your seminar CD. Open file named “Sec. Fund. Bond”
- Save a copy of the document before starting process of filling out.
(Click in File / Save as)
- In your saved copy, edit **red data** with your personal information.
- Once document has been filled out, highlight the **red data** and change the color of the font to black (Highlight line of interest and click in “format” / “font” / select font color to automatic or black)
- Do not change any other formatting of the document (color font, size font, font type etc....)
- Print and save document.
- **Use BLUE INK for all signatures.**

REGISTERED
RA 000 000 000 US

First Middle Last and Company Hereby
Grant this Private Issue

REGISTERED
RA 000 000 000 US

Number
INITIALS-NUMBER



Dollars
\$100,000,000.00

ORIGINAL ISSUE DATE
00/00/2012

Secured Funding and Offset Bond

MATURITY DATE
00/00/2017

Pay to the Order of: **PAYEE NAME**

In Care of Trustee: **Trustee name: PAYEE NAME, c/o Address, Stree, City, State.**

Routing Information: Through Private Discharging and Indemnity Bond No. **Bond Number** (Registered No. **RA XXX XXX XXXUS**) on deposit with the United States Department of the Treasury, held and secured by Timothy F. Geithner d/b/a Secretary, issued by **First Middle Last** Private Offset Account No. **123-456-789 / Z12345678**.

This Security Funding Bond shall be entered as an asset to the United States Department of the Treasury under the terms herein in the amount of

==== ONE HUNDRED MILLION DOLLARS ====

KNOW ALL MEN BY THESE PRESENTS, to facilitate lawful commerce in the absence of substance backed currency in circulation, Timothy F. Geithner or agents thereof (collectively "Secretary") shall upon receipt of this Secured Funding and Offset Bond post the full face value of the Bond as an asset to the benefit of the United States Department of the Treasury to be used specifically in the manner describe hereunder. This Bond has been authorized and issued pursuant to the full faith and credit of the grantor, **First Middle Last** and certain guarantors listed on the Private issue Discharging and Indemnity Bond No. **Bond Number** (Registered No. **RA XXX XXX XXXUS**) on deposit with the United States Department of the Treasury.

SATISFACTION OF LIABILITIES. That full faith and credit is hereby pledged to this unconditional promise to pay any aggregate amount not to exceed one half (50%) percent of the full face value of this Bond to be credit/deposit in **First Middle Last** Private Offset Account No. **123-456-789 / Z12345678** (Registered No. **RA XXX XXX XXXUS**) and Private Setoff Account No. **123-456-789 / Z12345678** specified thereon any and all debts, liabilities, encumbrances, donations, deficiencies, debts, liens, charges, fees, interest, taxes, true bills, taxes, obligations of contract and/or performance, instruments of debt, and all other obligations (jointly and severally "Liabilities") attributed to the grantor, the grantor's collateral, **FIRST MIDDLE LAST**, Account No. **123-456-789 / Z12345678** and all alphanumeric derivative thereof, and/or any other party so indicated by the grantor on the grantor's seal of acceptance noted on the instrument of liability; whether such instrument of liability be express, implied, commercial, negotiable or non-negotiable; through the date of maturity above noted, the remainder of the Bond to mature and accrue to the benefit of the United States Department of the Treasury until maturity.

ORDER OF THE BOND. Upon presentation of any such instrument of liability bearing the grantor's seal of acceptance and/or referencing this Bond and by end of business same day at the office of the United States Department of the Treasury any and all such liabilities in an aggregate amount of the full face value of this Bond through the said private issue Discharging and Indemnity Bond No. **Bond Number** (Registered No. **RA XXX XXX XXXUS**) and Private Setoff Account No. **123-456-789 / Z12345678** specified thereon.

SECURITY. **First Middle Last** does hereby declare that private issue Discharging and Indemnity Bond No. **BOND NUMBER** (Registered No. **RA 111 222 333 US**) has been deposited with the United States Department of the Treasury by **First Middle Last** and Company on or about 00/00/2011 as security for this Secured Funding and Offset Bond.

DISHONOR OF THE BOND. The Secretary shall have thirty (30) days from the date of presentment noted on United States Postal Service Form 3811 to dishonor the Bond by returning it to the grantor by registered mail at the location noted herein. Failure to return will stipulate the Secretary's honorable acceptance of the Bond on behalf of the United States and its cohorts.

MATURITY. Upon maturity, the Secretary shall mark this Bond cancelled and return this Bond bearing the marks of canceled to the grantor or the grantor's heirs by registered mail, all profits and proceeds, accruing upon presentment to remain with the Secretary for the benefit and use of the United States Department of the Treasury.

BY WITNESS WHEREOF, the Signatories to this Bond do hereby affix their respective hands and seals on this **Eleventh** day of the **Eleven** month anno domini in the Year of Our Lord Two Thousand and **Eleven**.

Reserving all rights.

First Middle Last, Grantor, Secured Creditor to
Pass-Through Account 123-456-789 / Z12345678
c/o Address, City, State,
non-domestic without the United States
Void where prohibited by aw.

10.2. SECURED FUNDING BOND DEPOSIT INTO TREASURY

Purpose:

The Secured Funding Bond is to be deposited into your “U.S. Treasury Post Registered Deposit Account” in order to access full faith and credit. Thirty Days after deposit has been made into U.S. Treasury, use an attorney to negotiate a Depository Transaction of the Secured Funding Bond into your Bank Account (have a form 56f with Bank and form 56 with attorney.)

Instructions:

- These are the documents needed to filed with Bond at Treasury
 - Copy of Secured Funding Bond.
 - Copy of Commercial Security Agreement.
 - Copy of W8

ANNEX 1

CODES AND STATUES

CALIFORNIA COMMERICAL CODE

1-103 IS 1103..SAME
1-104...SAME
1-105 SAME
1-308...RESERVATION OF RIGHTS
3-104...SAME
3-402...SAME
3-419 ACCOMODATED PARTY...SAME
10-104 10104 IS LEASES

1-103
8-301 SAME
8-407 SAME
8-303 SAME
3-305 DEFENSES....SAME
1-207....NONE
1-507 NONE...
4-105...SAME

FLORIDA CODE

Volume 11

TITLE 27 - UNIFORM COMMERCIAL CODE
CHAPTER 490 - UNIFORM COMMERCIAL CODE

671.103..SAME
671.104...SAME
671.105 IS 671.108
1-308...IS 671.108
3-104... IS 673.1041
3-402...IS **673.4021**....SAME
3-419 ...IS 673.4191.....ACCOMODATED PARTY...SAME
680.1041 Leases subject to other statutes.
8-301 IS 678.3011SAME
8-407 SAME
8-303.....SAME
673.3051 DEFENSES....SAME
1-207....NONE
1-507 NONE...
4.105...SAME

HAWAII CODE

Volume 11

TITLE 27 - UNIFORM COMMERCIAL CODE

CHAPTER 490 - UNIFORM COMMERCIAL CODE

§490:1-103..SAME
§490:1-104...SAME
§490:1-105 SAME
§490: 1-308...RESERVATION OF RIGHTS
§490:3-104...SAME
§490:3-402...SAME
§490:3-419ACCOMODATED PARTY...SAME
§490:10-104 Laws not repealed. The article on documents of title (article 7) does not repeal or modify any laws prescribing the form or contents of documents of title or the services or facilities to be afforded by bailees, or otherwise regulating bailees' businesses in respects not specifically dealt with herein; but the fact that such laws are violated does not affect the status of a document of title which otherwise complies with the definition of a document of title (section 490:1-201). [L 1965, c 208, §10-104; HRS §490:10-104; am L 1997, c 33, §17]
1-103
§490:8-301SAME
§490:8-407 SAME
§490:8-303.....SAME
§490:3-305 DEFENSES....SAME
§490:1-207....NONE
§490:1-507 NONE...
§490:4.105...SAME

NEVADA COMMERICAL CODE

CHAPTER 104 - UNIFORM COMMERCIAL CODE

NRS 104. 1103 ..SAME
NRS 104.1104...SAME
NRS 104.1105 SAME
NRS 104.1308...RESERVATION OF RIGHTS
NRS 104.3104...SAME
NRS 104.3402...SAME
NRS 104.3419ACCOMODATED PARTY...SAME
10-104 10104 NONE

1-103
8-301 SAME
8-407 SAME
8-303 SAME
3-305 DEFENSES....SAME
1-207....NONE
1-507 NONE...
4-105...SAME

NEW YORK

103 N.Y. UCC. LAW § 1—103 Same

104: same


105 N.Y. ADC. LAW § 1-105 : NY Code - Section 1-105: same

(N.Y. UCC. LAW § 1--105 : NY Code - Section 1--105: is Territorial
Application of the Act; Parties' Power to Choose Applicable Law)

1-308 is N.Y. UCC. LAW § 3—207 reservation of rights

3-402 Signature by representative looks like combination of 3-403 signature
by authorized representative & 3-404 unauthorized signatures., wording
slightly different

3-419 is N.Y. UCC. LAW § 3--415 : NY Code - Section 3--415: Contract of
Accommodation Party

10-104 is  7-702. Repeals. [Existing Article 7] and [Section 10-
104 of the Uniform Commercial Code] are repealed.

8-301 Delivery...same

8-301 protected purchaser...same

8-407 Authenticating trustee, transfer agent, and registrar..same

8-303 Protected purchaser...same

3-305 is NY 3-303

1-207 none...1-103.6 none

1-507 article one only goes to 3, no 500.

4-105 Definitions of types of banks...same

SOUTH CAROLINA

103 South Carolina Code 36-1-103. Same

104: same

105 Application of the act: parties power to choose applicable law: same

1-308 is 36-1-207

3-402 Signature by representative same

3-419 reservation of rights

10-104 is 36-7-104 negotiable and non-negotiable warehouse receipt, bill of lading or other document of title

8-301 Delivery...same

8-304 protected purchaser...same

8-407 Authenticating trustee, transfer agent, and registrar...same

8-303 Protected purchaser...same

3-305 Defenses and claims in recoupment...same

1-207 is UCC 1-308 reservation of rights...same

1-507 article one only goes to 3, no 500.

4-105 Definitions of types of banks...same

TEXAS BUSINESS & COMMERCE CODE

CHAPTER 1- UNIFORM COMMERCIAL CODE

1.103 ..SAME

1.104...SAME

1.105 SAME

1.308...RESERVATION OF RIGHTS

3.104...SAME

3.402...SAME

3.419ACCOMMODATED PARTY...SAME

10-104 10104 NONE

1-103

8.301 SAME

8.407 SAME

8.303 SAME

3.305 DEFENSES....SAME

1.207....NONE

1.507 NONE...

4.105...SAME

UTAH CODE

-- Title 70A -- Uniform Commercial Code

70A-1a-103 ..SAME

70A-1a-104...SAME

70A-1a-105 SAME

[70A-1a-308](#) 1.308...RESERVATION OF RIGHTS

70A-3-104...SAME

70A-3-402...SAME

3.419ACCOMODATED PARTY...SAME

70A-10-104. Laws not repealed. Chapter 7a, Uniform Commercial Code

- Documents of Title, does not repeal or modify any laws prescribing the form or contents of documents of title or the services or facilities to be afforded by bailees, or otherwise regulating bailees' businesses in respects not specifically dealt with herein; but the fact that such laws are violated does not affect the status of a document of title which otherwise complies with the definition of a document of title as defined in Section [70A-1a-201](#).

1-103

[70A-8-301](#)SAME

70A-8-407 SAME

70A-8-303.....SAME

3.305 DEFENSES....SAME

1.207....NONE

1.507 NONE...

4.105...SAME

WASHINGTON COMMERCIAL CODE

Title 62A RCW

62A. 1-103 ..SAME

62A. 1-104...SAME

62A. 1-105 IS 108

62A. 1-308...NONE (ISUNDER 207)

62A. 3-104...SAME

62A. 3-402...SAME

62A. 3-419 ACCOMODATED PARTY...SAME

10-104 10104 The Article on Documents of Title (Article 7) does not repeal or modify any laws prescribing the form or contents of documents of title or the services or facilities to be afforded by bailees, or otherwise regulating bailees' businesses in respects not specifically dealt with herein; but the fact that such laws are violated does not affect the status of a document of title which otherwise complies with the definition of a document of title (

1-103

8-301 SAME

8-407 SAME

8-303 SAME

3-305 DEFENSES....SAME

1-207....RESERVATIONOF RIGHTS...SAME

1-507 NONE...

4-105...SAME

ANNEX 2

FRB FORMS

This Section includes a list of the documents needed for this package. The Registered Mail must bear a barcoded red Label 200. The label must be placed above the delivery address and to the right of the return address, or to the left of the delivery address on parcels.

Mail package to:

SECRETARY OF THE TREASURY

C/O JACOB J. LEW

1500 PENNSYLVANIA AVENUE NW

WASHINGTON, D.C. near [20220]

Duplicate Package Mail Registered Mail to:

DTCC

55 WATER STREET

NEW YORK, NY 10041



U.S. Postal Service® CERTIFIED MAIL® RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To:	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
PS Form 3800, June 2004 Use Repeated for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	<ul style="list-style-type: none">A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> AddresseeB. Received by (Printed Name)C. Date of DeliveryD. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to:	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No
PS Form 3811, February 2004 Domestic Return Receipt	

ANNEX 3

FORM 10

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0064
Expires:	March 31, 2014
Estimated average burden hours per response:	215

FORM 10

GENERAL FORM FOR REGISTRATION OF SECURITIES
Pursuant to Section 12(b) or (g) of The Securities Exchange Act of 1934

(Exact name of registrant as specified in its charter)

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code

Securities to be registered pursuant to Section 12(b) of the Act:

Title of each class
to be so registered

Name of each exchange on which
each class is to be registered

Securities to be registered pursuant to Section 12(g) of the Act:

(Title of class)

(Title of class)

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐

Accelerated filer ☐

Non-accelerated filer ☐ (Do not check if a smaller reporting company)

Smaller reporting company ☐

SEC 1396 (02-08)

Persons who respond to the collection of information contained
in this form are not required to respond unless the form displays
a currently valid OMB control number.

INFORMATION REQUIRED IN REGISTRATION STATEMENT

Item 1. Business.

Furnish the information required by Item 101 of Regulation S-K (§229.101 of this chapter).

Item 1A. Risk Factors.

Set forth, under the caption "Risk Factors," where appropriate, the risk factors described in Item 503(c) of Regulation S-K (§229.503(c) of this chapter) applicable to the registrant. Provide any discussion of risk factors in plain English in accordance with Rule 421(d) of the Securities Act of 1933 (§230.421(d) of this chapter). Smaller reporting companies are not required to provide the information required by this item.

Item 2. Financial Information.

Furnish the information required by Items 301, 303, and 305 of Regulation S-K (§§229.301, 229.303, and 229.305 of this chapter).

Item 3. Properties.

Furnish the information required by Item 102 of Regulation S-K (§229.102 of this chapter).

Item 4. Security Ownership of Certain Beneficial Owners and Management.

Furnish the information required by Item 403 of Regulation S-K (§229.403 of this chapter).

Item 5. Directors and Executive Officers.

Furnish the information required by Item 401 of Regulation S-K (§229.401 of this chapter).

Item 6. Executive Compensation.

Furnish the information required by Item 402 of Regulation S-K (§229.402 of this chapter) and paragraph (e)(4) of Item 407 of Regulation S-K (§229.407 of this chapter).

Item 7. Certain Relationships and Related Transactions, and Director Independence.

Furnish the information required by Item 404 of Regulation S-K (§229.404 of this chapter) and Item 407(a) of Regulation S-K (§229.407(a) of this chapter).

Item 8. Legal Proceedings.

Furnish the information required by Item 103 of Regulation S-K (§229.103 of this chapter).

Item 9. Market Price of and Dividends on the Registrant's Common Equity and Related Stockholder Matters.

Furnish the information required by Item 201 of Regulation S-K (§229.201 of this chapter).

Item 10. Recent Sales of Unregistered Securities.

Furnish the information required by item 701 of Regulation S-K (§229.701 of this chapter).

Item 11. Description of Registrant's Securities to be Registered.

Furnish the information required by Item 202 of Regulation S-K (§229.202 of this chapter). If the class of securities to be registered will trade in the form of American Depositary Receipts, furnish Item 202(f) disclosure for such American Depositary Receipts as well.

Item 12. Indemnification of Directors and Officers.

Furnish the information required by Item 702 of Regulation S-K (§229.702 of this chapter).

Item 13. Financial Statements and Supplementary Data.

Furnish all financial statements required by Regulation S-X and the supplementary financial information required by Item 302 of Regulation S-K (§229.302 of this chapter). Smaller reporting companies may provide the financial information required by Article 8 of Regulation S-X in lieu of the information required by other parts of Regulation S-X.

Item 14. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure.

Furnish the information required by Item 304 of Regulation S-K (§229.304 of this chapter).

Item 15. Financial Statements and Exhibits.

- (a) List separately all financial statements filed as part of the registration statement.
- (b) Furnish the exhibits required by Item 601 of Regulation S-K (§229.601 of this chapter).

SIGNATURES

Pursuant to the requirements of Section 12 of the Securities Exchange Act of 1934, the registrant has duly caused this registration statement to be signed on its behalf by the undersigned, thereunto duly authorized.

(Registrant)

Date: _____

By: _____
(Signature)*

*Print name and title of the signing officer under his signature.

GENERAL INSTRUCTIONS

A. Rule as to Use of Form 10.

Form 10 shall be used for registration pursuant to Section 12(b) or (g) of the Securities Exchange Act of 1934 of classes of securities of issuers for which no other form is prescribed.

B. Application of General Rules and Regulations.

- (a) The General Rules and Regulations under the Act contain certain general requirements which are applicable to registration on any form. These general requirements should be carefully read and observed in the preparation and filing of registration statements on this form.
- (b) Particular attention is directed to Regulation 12B [17 CFR 240.12b-1 - 240.12b-36] which contains general requirements regarding matters such as the kind and size of paper to be used, the legibility of the registration statement, the information to be given whenever the title of securities is required to be stated, and the filing of the registration statement. The definitions contained in Rule 12b-2 [17 CFR 240.12b-2] should be especially noted.

C. Preparation of Registration Statement.

- (a) This form is not to be used as a blank form to be filled in, but only as a guide in the preparation of the registration statement on paper meeting the requirements of Rule 12b-12 [17 CFR 240.12b-12]. The registration statement shall contain the item numbers and captions, but the text of the items may be omitted. The answers to the items shall be prepared in the manner specified in Rule 12b-13 [17 CFR 240.12b-13].
- (b) Unless otherwise stated, the information required shall be given as of a date reasonably close to the date of filing the registration statement.
- (c) Attention is directed to Rule 12b-20 [17 CFR 240.12b-20] which states: "In addition to the information expressly required to be included in a statement or report, there shall be added such further material information, if any, as may be necessary to make the required statements, in light of the circumstances under which they are made, not misleading."

D. Signature and Filing of Registration Statement.

Three complete copies of the registration statement, including financial statements, exhibits and all other papers and documents filed as a part thereof, and five additional copies which need not include exhibits, shall be filed with the Commission. At least one complete copy of the registration statement, including financial statements, exhibits and all other papers and documents filed as a part thereof, shall be filed with each exchange on which any class of securities is to be registered. At least one complete copy of the registration statement filed with the Commission and one such copy filed with each exchange shall be manually signed. Copies not manually signed shall bear typed or printed signatures.

E. Omission of Information Regarding Foreign Subsidiaries.

Information required by any item or other requirement of this form with respect to any foreign subsidiary may be omitted to the extent that the required disclosure would be detrimental to the registrant. However, financial statements, otherwise required, shall not be omitted pursuant to this instruction. Where information is omitted pursuant to this instruction, a statement shall be made that such information has been omitted and the names of the subsidiaries involved shall be separately furnished to the Commission. The Commission may, in its discretion, call for justification that the required disclosure would be detrimental.

F. Incorporation by Reference.

Attention is directed to Rule 12b-23 [17 CFR 240.12b-23] which provides for the incorporation by reference of information contained in certain documents in answer or partial answer to any item of a registration statement.



The Federal Reserve Board

The Twelve Federal Reserve Districts

Addresses and
phone numbers

[Banks](#)

[Branches](#)

[Boston](#)

[New York](#)

[Philadelphia](#)

[Cleveland](#)

[Richmond](#)

[Atlanta](#)

[Chicago](#)

[St. Louis](#)

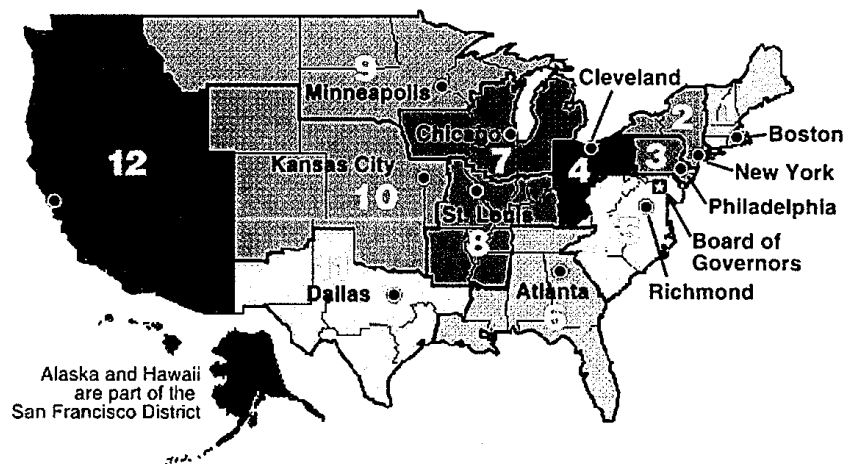
[Minneapolis](#)

[Kansas City](#)

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[San Francisco](#)

[Board](#)



The Federal Reserve officially identifies Districts by number and Reserve Bank city.

In the 12th District, the Seattle Branch serves Alaska, and the San Francisco Bank serves Hawaii. The System serves commonwealths and territories as follows: the New York Bank serves the Commonwealth of Puerto Rico and the U.S. Virgin Islands; the San Francisco Bank serves American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands. The Board of Governors revised the branch boundaries of the System in February 1996.

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Last update: December 13, 2005



Federal Reserve Bank Accounting Information Services Subscription

INSTRUCTIONS

Complete and return only those forms required for your institution's services. The forms are used to select the desired services and to specify delivery details. Forms must be signed by an individual on the Official Authorization List (OAL) completed by your institution. (See the Board Resolution/Authorized Approver documents under Account Services Forms on the Federal Reserve Financial Services website: www.frbfinancialservices.org.)

Note: Retrieving information from the Account Management Information (AMI) and Service Charge Information (SCI) applications require FedLine Web® or FedLine Advantage™ access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form, and instructions can be found at the Federal Reserve Financial Services website: www.frbfinancialservices.org. Select "Service and Access Set Up".

I. Master Account Services *Master/Correspondent, complete the forms specified for those services desired:*

Master Account Access to:

- Form 1** - Statement of Account
- Form 2** - Statement of Service Charges and Associated Affiliate Access (SCI)
- Form 3** - Accounting Notification of Selected Transactions
- Forms 4a** - Cash Management Basic Services
- Forms 4b** - Cash Management Plus, Intra-day Reconciliation Data File, Search Results in a Spreadsheet Format, Correspondent/Respondent (*includes other secondary RTNs*) Report, and Accounting Totals by Service Category
- Form 6** - Affiliate Access: Account Management Information (AMI)
- Form 7** - Fedwire Details via the Search Feature in AMI

II. Subaccount Services *Subaccount, complete the forms specified for those services desired:*

Subaccount Access to:

- Form 1** - Statement of Subaccount Activity
- Form 2** - Statement of Service Charges and Associated Affiliate Access (SCI)
- Form 3** - Accounting Notifications of Selected Transactions
- Forms 4a** - Cash Management Basic Services
- Forms 4b** - Search Results in a Spreadsheet Format
- Form 5** - Master Account View: Accounting Services Inquiry and Account Management Information - (*Allows subaccount(s) to view information at the master account level*)
- Form 6** - Affiliate Access: Account Management Information (AMI)
- Form 7** - Fedwire Details via the Search Feature in AMI

III. Respondent Services (*includes other secondary RTNs*) *Respondent, complete the forms specified for those services desired:*

Respondent/Other Secondary RTN Access to:

- Form 1** - Statement of Respondent (*includes other secondary RTNs*) Activity
- Form 2** - Statement of Service Charges and Associated Affiliate Access (SCI)
- Form 3** - Accounting Notification of Selected Transactions
- Forms 4a** - Cash Management Basic Service
- Form 6** - Affiliate Access: Account Management Information (AMI)
- Form 7** - Fedwire Details via the Search Feature in AMI

For more information regarding Accounting Information Services, please visit Account Services on the Financial Services website: www.frbfinancialservices.org.

- Information is also available in the Account Management Guide (Section IV-Billing and Section VII-Information Tools). *Select Accounting Guides under Rules and Regulations.*
- For any applicable fee information regarding Account Services, *select Account Services under Service Fees.*
- For most services electronic access fees also apply, *select Access Solutions under Service Fees* for fee information regarding these services.

Allow at least five business days for a subscription form to be processed at the Federal Reserve Bank. Please contact the Federal Reserve Bank to confirm the date that this request will be in effect. Access to FedLine Web/FedLine Advantage services require additional information as indicated above and also requires scheduling with your local Federal Reserve customer service contact.

The Financial Services logo, "FedLine Web," "FedLine Advantage" and "FedLine" are either registered or unregistered trademarks or service marks of the Federal Reserve Banks. A complete list of marks owned by the Federal Reserve Banks is available at www.frbfinancialservices.org.



Federal Reserve Bank
Accounting Information Services Subscription
Form 1 - Delivery Profile for Statement of Accounts

Customer Information

Routing (ABA) Number	routing # of ssn exemption #
Customer Name	JOHN LEE DOE
Customer Address	ANYWHERE ADDRESS
Customer State	
Customer Zip	[ZIP]
Effective Date	TODAYS DATE

Authorization *

Name	First JOHN	Middle Initial L	Last DOE
Title	Master Account Holder		
Email Address	email address		
Telephone	Phone XXX-XXX-XXXX	Extension	
Signature			

* The authorized signer must be listed on the Customer's Official Authorization List (OAL).

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank. The completed form can be faxed to (877) 281-3647, e-mailed to ccc.bankservices@kc.frb.org, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416.

Retrieving information from the Account Management Information (AMI) application requires FedLine Web® or FedLine Advantage™ access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and Instructions can be found at the Federal Reserve Financial Services website: www.frbfinancialservices.org. Select "Sign Up for FedLine®". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbfinancialservices.org, select Fee Schedules.

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Form 1 - Delivery Profile for Statement of Accounts

This form is for
See Fee Schedules for any applicable
fees

- ☒ Add
☐ Change
☐ Delete

Please select applicable boxes below for Statement Type and Service/Delivery Method:

Select Statement Type:	Additional Notes
<input checked="" type="checkbox"/> Statement of Account (Master Accounts Only) Check here <input type="checkbox"/> to not include Statement of Your Subaccounts' and/or Respondents' Activity, if applicable (Includes other Secondary RTNs) ¹	Statement includes summary and detail, but is also available as summary only Check here for <input type="checkbox"/> Summary Only (Statement of Your Subaccounts' Activity and Statement of Your Respondents' Activity are available in Detail only)
<input type="checkbox"/> Statement of Items Through Your Correspondent (Respondents – includes Other Secondary RTNs)	Statement includes summary and detail, but is also available as summary only. Check here for <input type="checkbox"/> Summary Only
<input type="checkbox"/> Statement of Items Through Your Master (Subaccounts)	Statement includes summary and detail, but is also available as summary only. Check here for <input type="checkbox"/> Summary Only

Select Statement Service/Delivery Method:

Report

- a. ☒ PDF View and/or Print Statement from Account Management Information (AMI) application
b. ☒ Print-image FedMail e-mail or fax delivery - Please complete the FedMail Service Request Form available at http://www.frbervices.org/services/setup/access/fedmail_setup.html

Data File

- c. ☐ Machine Readable Reconciliation File (FIRD) through the Account Management Information (AMI) application
d. ☒ Reconciliation statement of Account Spreadsheet Format (SASF) through Account Management Information (AMI) application
e. ☒ Machine Readable Reconciliation File (FIRD) delivery through FedLine Direct or FedLine Command
Please Specify Routing Transit Number (ABA#) federal reserve routing # / ssn exemption #

¹ Debit and credit activity for Other Secondary RTNs will reflect in the Respondent section of your Statement of Account.

Allow 5 -7 business days for a subscription form to be processed at the Federal Reserve Bank. Retrieving information from the Account Management Information (AMI) application requires FedLine Web® or FedLine Advantage™ access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbervices.org. Select "Sign Up for FedLine®". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbervices.org, select Fee Schedules.

Last Updated: 04/11

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**Federal Reserve Bank
Accounting Information Services Subscription**

**Form 2 – Delivery Profile for Statement of Service Charges
and Associated Affiliate Access**

Customer Information

The Federal Reserve Bank of	COINCIDING BANK OF SSN EXEMPTION #
Customer Name	JOHN LEE DOE
Customer Address	ANYWHERE ADDRESS
Customer State	ANYWHERE STATE
Customer Zip	[ZIP CODE]
Effective Date	TODAYS DATE
Routing (ABA) Number	ROUTING # OF SSN EXEMPTION #

Authorization *

Name	First	JOHN	Middle Initial	L	Last	DOE
Title	Master Account Holder					
Email Address	email address					
Telephone	Phone	xxx-xxx-xxxx			Extension	
Signature						

* The authorized signer must be listed on the Customer's Official Authorization List (OAL).

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank. The completed form can be faxed to (877) 281-3647, e-mailed to ccc.bankservices@kc.frb.org, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416.

Retrieving information from the Account Management Information (AMI) application requires FedLine Web[®] or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbservices.org. Select "Sign Up for FedLine". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbservices.org, select Fee Schedules.

Last Updated: 04/11

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Form 2 - Delivery Profile for Statement of Service Charges and Associated Affiliate Access

This form is for *
See Fee Schedules for any applicable fees

- ☒ Add
☐ Change
☐ Delete

The Statement of Service charges can also be delivered to another institution (affiliate). Please complete the **Affiliate Access** section at the bottom of this form, for this service.

Select Statement Service/Delivery Method:

Report

- a. ☐ View, print and/or Download Summary Statements and Detailed Information from Service Charge Information Application. (SCI)
- b. ☒ FedMail e-mail or fax delivery - Please complete the FedMail Service Request Form available at http://www.frb services.org/servicesetup/access/fedmail_setup.html (Summary FedMail)
- c. ☒ Print-image File through FedLine Direct or Fedline Command (Summary Print)

Data File

- d. ☐ Reconciliation Data File from SCI application (SCI Summary Web Data)
- e. ☒ Reconciliation Data File through FedLine Direct or Fedline Command (Summary Data)
- Please Specify Routing Transit Number (ABA #) federal reserve rt # / ssn exemption #

Affiliate Access:

This service grants a designated institution access to the Statement of Service Charges for another institution (affiliate) for the services named above.

- ☐ Check this box and the appropriate Service/Delivery Method box(es) above if you want to grant the institution named below access to the designated named affiliate institution's billing information.

Name of Institution	
Destination Routing (ABA) Number	

Allow 5 -7 business days for a subscription form to be processed at the Federal Reserve Bank. Retrieving information from the Account Management Information (AMI) application requires FedLine Web® or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frb services.org. Select "Sign Up for FedLine". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frb services.org, select Fee Schedules.

Last Updated: 04/11

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Federal Reserve Bank
Accounting Information Services Subscription
Form 3 – Delivery Profile for IAS Notifications

Customer Information

*** Required Fields**

Routing (ABA) Number	routing # of ssn exemption #
Customer Name	JOHN LEE DOE
Customer Address	ANYWHERE ADDRESS
Customer State	
Customer Zip	[ZIP]
Effective Date	TODAYS DATE

Authorization *

Name	First JOHN	Middle Initial L	Last DOE
Title	Master Account Holder		
Email Address	email address		
Telephone	Phone XXX-XXX-XXXX	Extension	
Signature			

* The authorized signer must be listed on the Customer's Official Authorization List (OAL).

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank. The completed form can be faxed to (877) 281-3647, e-mailed to ccc.bankservices@kc.frb.org, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416.

Retrieving information from the Account Management Information (AMI) application requires FedLine Web® or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frb.services.org. Select "Sign Up for FedLine®". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frb.services.org, select Fee Schedules.

Last Updated: 09/11

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Form 3 - Delivery Profile for IAS Notifications

This form is for <i>See Fee Schedules for any applicable fees</i>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
--	---

Notifications through the Account Management Information (AMI) Application

Select if notification is for:	<input checked="" type="checkbox"/> Own Activity (Notifications for items settling in own Fed account) <input type="checkbox"/> Correspondents/Master (Correspondent/master requesting to receive respondent (includes other secondary RTNs) ¹ /subaccount for settling in the master/correspondent account) <input type="checkbox"/> Respondents ¹ / Subaccount (Respondent ¹ /subaccount requesting to receive notifications for items settling in a correspondent/master account)
--------------------------------	---

Please select applicable boxes below for service and delivery method:

(The transaction codes are available in the Account Management Guide published on the Federal Reserve's Financial Services website: www.frb-services.org. After selecting "Rules and Regulations" on the left menu, select Accounting Guides and then select the Account Management Guide and Appendix B from the Guide's bookmarked Table of Contents. Appendix B lists the transaction codes.)

Select Service Category Within 2 Digit SIR Code	Or, List 4 Digit Transaction Code Below	Minimum \$ Amount
<input type="checkbox"/> All Below		
<input checked="" type="checkbox"/> ACH [57]		
<input type="checkbox"/> Account Charges (other than service charges) [84]		
<input type="checkbox"/> Capital Stock [66]		
<input type="checkbox"/> Check Collection: Forward Checks (other than Fed Funds Checks) [15]		
<input type="checkbox"/> Check Collection: Return Checks [30]		
<input type="checkbox"/> Currency and Coin [63]		
<input type="checkbox"/> National Settlement Service [11]		
<input type="checkbox"/> Redemption or Interest on Govt. or Agency Securities [20/27]		
<input type="checkbox"/> Savings Bonds [70]		
<input type="checkbox"/> Treasury Investment Program & Paper Tax System [59]		
<input type="checkbox"/> Other Treasury or Government Agency Service [08]		

¹ Notifications for Other Secondary RTNs will reflect as Respondent notifications.

Allow 5 -7 business days for a subscription form to be processed at the Federal Reserve Bank. Retrieving information from the Account Management Information (AMI) application requires FedLine Web[®] or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frb-services.org. Select "Sign Up for FedLine[®]". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frb-services.org, select Fee Schedules.



Federal Reserve Bank
Accounting Information Services Subscription
Form 4a – Delivery Profile for Cash Management Basic Services

Customer Information

Routing (ABA) Number	routing # of ssn exemption #
Customer Name	JOHN LEE DOE
Customer Address	ANYWHERE ADDRESS
Customer State	
Customer Zip	[ZIP]
Effective Date	TODAYS DATE

Authorization*

Name	First JOHN	Middle Initial L	Last DOE
Title	Master Account Holder		
Email Address	email address		
Telephone	Phone XXX-77X-XXXX	Extension	
Signature			

* The authorized signer must be listed on the Customer's Official Authorization List (OAL).

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank. The completed form can be faxed to (877) 281-3647, e-mailed to ccc.bankservices@kc.frb.org, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416.

Retrieving information from the Account Management Information (AMI) application requires FedLine Web® or FedLine Advantage™ access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbfinancialservices.org. Select "Sign Up for FedLine®". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbfinancialservices.org, select Fee Schedules.

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Form 4a – Delivery Profile for Cash Management Basic Services

This form is for
See Fee Schedules for any applicable
fees

- ☒ Add
☐ Change
☐ Delete

Please select applicable boxes below for service and delivery method

Select Service

- ☒ Own Account Activity (Master Accounts, Subaccounts, Respondents (includes Other Secondary RTNs)¹
The Master Own Account Activity Report depicts own activity for the account holder; the Subaccount Own Activity Report depicts transactions settling in Master Account; the Respondent¹ Own Activity Report depicts transactions settling in correspondent account. Master accounts requesting to subscribe to their subaccount and respondent¹ reports should select the Individual Subaccount and Individual Respondent¹ reports below. Subaccounts requesting to subscribe to their respondent¹ reports should select the Individual Respondent¹ report below.
- ☐ Select this option if you are a Master Account subscribing to your own report and also want to subscribe to the Respondent¹ Own Activity report for transactions that are settling in a Correspondent Account,
- ☐ Subaccount Recap Activity (Master Accounts Only)
- ☐ Individual Subaccount Activity (Master Accounts Only)
- ☐ Respondent Recap Activity¹ (Master Accounts Only)
- ☐ Individual Respondent Activity¹ (Master Accounts and Subaccounts subscribing to their Respondents¹ Individual Reports)

If the Individual Respondent¹ and/or Individual Subaccount reports are selected, please either list individually (up to a limit of 26) or check "All" for delivery for all. Please attach a sheet if additional space is needed.

- ☒ All Respondents¹ (Master and Subaccounts Only)
☒ All Subaccounts (Master Accounts Only)

List ABA below if requesting specific Respondent/Subaccount Individual Reports

List other ssn exemption rt #'s	

¹ Debit and credit activity for Other Secondary RTNs will reflect in the Respondent section of your Cash Management Report.

Allow 5 -7 business days for a subscription form to be processed at the Federal Reserve Bank.
Retrieving information from the Account Management Information (AMI) application requires FedLine Web[®] or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbfinancialservices.org. Select "Sign Up for FedLine[®]". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbfinancialservices.org, select Fee Schedules.

Last Updated: 09/11

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**Federal Reserve Bank
Accounting Information Services Subscription**

**Form 4b – Delivery Profile for Cash Management Plus Services, the CI
Intra-Day File, and/or Download Search Results in Spreadsheet Format**

Customer Information

Routing (ABA) Number	routing # of ssn exemption #
Customer Name	JOHN LEE DOE
Customer Address	ANYWHERE ADDRESS
Customer State	
Customer Zip	[ZIP]
Effective Date	TODAYS DATE

Authorization *

Name	First JOHN	Middle Initial L	Last DOE
Title	Master Account Holder		
Email Address	email address		
Telephone	Phone XXX-XXX-XXXX	Extension	
Signature			

* The authorized signer must be listed on the Customer's Official Authorization List (OAL).

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank. The completed form can be faxed to (877) 281-3647, e-mailed to ccc.bankservices@kc.frb.org, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416.

Retrieving information from the Account Management Information (AMI) application requires FedLine Web® or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbfinancialservices.org. Select "Sign Up for FedLine®". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbfinancialservices.org, select Fee Schedules.

Last Updated: 09/11

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Form 4b – Delivery Profile for Cash Management Plus Services, the CI-Intra-Day File, and/or Download Search Results in Spreadsheet Format

This form is for
See Fee Schedules for any applicable fees

☒ Add
☐ Change
☐ Delete

Please select applicable boxes below for service and delivery times for the CMS Plus and CI Intra-day files

<input checked="" type="checkbox"/> CMS Plus (AMI Only) – All Activity (Master Accounts Only) Intra-day detail activity - Comma Separated Value (CSV) files through Account Management Information (AMI) for all transactions settling in master account, excluding Fedwire Funds and Fedwire Securities (including respondents ¹ (other secondary RTNs are included) and subaccounts' activity)	Select up to 6 delivery times (Eastern Time). (Times should be on half hour or hour starting at 7:00 ET until 19:30 ET.) X : XX ET; X : XX ET; : : ET : : ET; : : ET; : : ET
<input type="checkbox"/> Select box to include end of day Spreadsheet Statement file	
<input checked="" type="checkbox"/> CMS Plus (AMI Only) - Own Activity (Master Accounts Only) Intra-day detail activity - Comma Separated Value (CSV) files through Account Management Information (AMI) with account details for own activity for all transactions excluding Fedwire Funds and Fedwire Securities (excludes any respondents ¹ and/or subaccounts' activity).	Select up to 6 delivery times (Eastern Time). (Times should be on half hour or hour starting at 7:00 ET until 19:30 ET.) X : XX ET; X : XX ET; : : ET : : ET; : : ET; : : ET
<input checked="" type="checkbox"/> Intra-Day Reconciliation File (FedLine Direct or Fedline Command (Master Accounts Only) Electronic Delivery of an Intra-day Reconciliation file through FedLine Direct or Fedline Command: Files include detail activity in machine readable format for all transactions settling in master account, excluding Fedwire Funds and Fedwire Securities (including respondents ¹ and subaccounts' activity)	Select up to 6 delivery times (Eastern Time). (Times should be on half hour or hour starting at 7:00 ET until 19:30 ET.) X : XX ET; X : XX ET; : : ET : : ET; : : ET; : : ET
Please Specify Routing Transit Number (ABA#) federal reserve rt #/ ssn exemption #	
<input type="checkbox"/> Download Search Results in spreadsheet format from Account Management Information (AMI) application (Master and Subaccounts)	
<input type="checkbox"/> Correspondent/Respondent ¹ Report from Account Management Information (AMI)	
Report in Comma Separated Value (CSV) format that includes correspondent/respondent relationships identified in the Federal Reserve's Accounting system for the subscribing financial institution	
<input type="checkbox"/> Accounting Totals By Service Category (ACTS) file (Fedline Direct or Fedline Command. File includes summary totals for transactions, excluding Fedwire Funds and Fedwire Securities, at the service category level for master accounts and subaccounts)	
Please specify delivery Routing Transit Number (ABA#)	

¹ Debit and credit activity for Other Secondary RTNs will reflect in the Respondent section of your Cash Management Report.

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank. Retrieving information from the Account Management Information (AMI) application requires FedLine Web[®] or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbfinancialservices.org. Select 'Sign Up for FedLineSM'. For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbfinancialservices.org, select Fee Schedules.

Last Updated: 09/11

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**Federal Reserve Bank
Accounting Information Services Subscription**

**Form 5 – Subaccount Access to Accounting Service Inquiries and
Account Management Information (AMI)**

Customer Information

The Federal Reserve Bank of	COINCIDING BANK OF SSN EXEMPTION #
Customer Name	JOHN LEE DOE
Customer Address	ANYWHERE ADDRESS
Customer State	ANYWHERE STATE
Customer Zip	[ZIP CODE]
Effective Date	TODAYS DATE
Routing (ABA) Number	ROUTING # OF SSN EXEMPTION #

Authorization*

Name	First	JOHN	Middle Initial	L	Last	DOE
Title	Master Account Holder					
Email Address	email address					
Telephone	Phone	XXX-XXX-XXXX			Extension	
Signature						

* The authorized signer must be listed on the Customer's Official Authorization List (OAL).

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank. The completed form can be faxed to (877) 281-3647, e-mailed to ccc.bankservices@kc.frb.org, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416.

Retrieving information from the Account Management Information (AMI) application requires FedLine Web[®] or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbfinancialservices.org. Select "Sign Up for FedLine[®]". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbfinancialservices.org, select Fee Schedules.

Last Updated: 04/11

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Form 5 – Subaccount Access to Accounting Service Inquiries and Account Management Information (AMI)

This form is for *
See Fee Schedules for any applicable fees

☒ Add
☐ Change
☐ Delete

This service provides inquiry access to the Master Account View for the Subaccounts designated below.

Please designate Subaccount Routing (ABA) Numbers and access for each below (attach an additional page if needed):

Subaccount ABA Number	FedLine Web [®] /FedLine Advantage SM Account Management Information (AMI) Yes/No	Accounting Services ³ ABMS Balance Inquiry Yes/No
federal reserve rt #	yes	yes
ssn #	yes	yes
state birth certificate #	yes	yes
court case #	yes	yes
other ssn exemption rt. #	yes	yes

Account Management Information (AMI) available through FedLine Web or FedLine Advantage provides ABMS, Daylight Overdraft and Account Inquiries via two views. The view is determined by the type of access requested on the Subscriber Credential Request Form: 1) Non-restricted ABMS view includes balances, activity, memo post, single day net debit cap, funds collateral and securities collateral, and also includes access to Daylight Overdraft Reports and Inquiries and Account Inquiries; 2) Restricted ABMS view includes balances and activity as well as access to Daylight Overdraft Inquiries and Account Inquiries. This view does not include access to view collateral, net debit cap, memo post and Daylight Overdraft Reporting and Pricing (DORPS) reports

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank.
Retrieving information from the Account Management Information (AMI) application requires FedLine Web[®] or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbsservices.org. Select "Sign Up for FedLineSM". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbsservices.org, select Fee Schedules.

Last Updated: 04/11

Page 2 of 2



Federal Reserve Bank
Accounting Information Services Subscription
Form 6 – Affiliate Access to Service

Customer Information

The Federal Reserve Bank of	COINCIDING BANK OF SSN EXEMPTION #
Customer Name	JOHN LEE DOE
Customer Address	ANYWHERE ADDRESS
Customer State	ANYWHERE STATE
Customer Zip	[ZIP CODE]
Effective Date	TODAYS DATE
Routing (ABA) Number	ROUTING # OF SSN EXEMPTION #

Authorization *

Name	First	JOHN	Middle Initial	L	Last	DOE
Title	Master Account Holder					
Email Address	email address					
Telephone	Phone	XXX-XXX-XXXX			Extension	
Signature						

* The authorized signer must be listed on the Customer's Official Authorization List (OAL).

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank. The completed form can be faxed to (877) 281-3647, e-mailed to ccc.bankservices@kc.frb.org, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416.

Retrieving information from the Account Management Information (AMI) application requires FedLine Web[®] or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbfinancialservices.org. Select "Sign Up for FedLine". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbfinancialservices.org, select Fee Schedules.

Last Updated: 04/11

Page 1 of 2

Form 6 – Affiliate Access to Service

This service grants a designated institution (named below) access to Accounting Information Services for an affiliate (named above).

This form is for <i>See Fee Schedules for any applicable fees</i>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete
Name of Institution	JOHN LEE DOE
Routing (ABA) Number	FEDERAL RESERVE RT #
Select one option below for the Account Management Information (AMI)	
<input checked="" type="checkbox"/> Account Management Information (AMI) – All AMI Services and Features for All Activity or	
<input type="checkbox"/> Account Management Information (AMI) – (For Service Bureaus only) – Limited to Notifications and the Find Transaction(s) Features for Cash Letter Service Categories (e.g. 05, 15 and 30) only – The institution named above will need to complete Form 3 to establish notification service. Please note that 05 is only valid for the Find Transaction(s) Feature.	

Allow at least five business days for a subscription form to be processed at the Federal Reserve Bank. Retrieving information from the Account Management Information (AMI) application requires FedLine Web[®] or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbfinancialservices.org. Select "Sign Up for FedLineSM". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbfinancialservices.org, select Fee Schedules.

The Financial Services logo, "FedLine Web," "FedLine Advantage," "FedLine" and "FedMail" are either registered or unregistered trademarks or service marks of the Federal Reserve Banks. A complete list of marks owned by the Federal Reserve Banks is available at www.frbfinancialservices.org.

Last Updated: 04/11

Page 2 of 2



**Federal Reserve Bank
Accounting Information Services Subscription**

**Form 7 – Request for Fedwire Details via the Search Feature of the
Account Management Information (AMI) Application**

Customer Information

The Federal Reserve Bank of	COINCIDING BANK OF SSN EXEMPTION #
Customer	JOHN LEE DOE
Customer Address	ANYWHERE ADDRESS
Customer State	ANYWHERE STATE
Customer Zip	[ZIP CODE]
Effective Date	TODAYS DATE
Routing (ABA) Number	ROUTING # OF SSN EXEMPTION #

Authorization*

Name	First	JOHN	Middle Initial	L	Last	DOE
Title	Master Account Holder					
Email Address	email address					
Telephone	Phone	XXX-XX-XXXX			Extension	
Signature						

Select Fedwire® Details' Search Method:

<input type="checkbox"/>	Search Fedwire details via the Account Management Information (AMI) application
<input type="checkbox"/>	Download search results in spreadsheet format from Account Management Information (AMI) application

* The authorized signer must be listed on the Customer's Official Authorization List (OAL).

Allow 5-7 business days for a subscription form to be processed at the Federal Reserve Bank. The completed form can be faxed to (877) 281-3647, e-mailed to ccc.bankservices@kc.frb.org, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416.

Retrieving information from the Account Management Information (AMI) application requires FedLine Web® or FedLine AdvantageSM access and applicable credential access. The Federal Reserve Bank End User Authorization Contact (EUAC) Designation and Authorization Form, the Federal Reserve Bank Subscriber Credential and Access Control Request Form and instructions can be found at the Federal Reserve Financial Services website: www.frbservices.org. Select "Sign Up for FedLine". For any applicable fee information regarding Electronic Access and Account Services, go to the Federal Reserve's Financial Services website www.frbservices.org, select Fee Schedules.

Last Updated: 04/11

Page 1 of 1

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL	
OMB Number:	3235-0064
Expires:	March 31, 2014
Estimated average burden hours per response:	215

FORM 10

GENERAL FORM FOR REGISTRATION OF SECURITIES
Pursuant to Section 12(b) or (g) of The Securities Exchange Act of 1934

JOHN LEE DOE

(Exact name of registrant as specified in its charter)

SSN EXEMPTION FEDERAL RESERVE BANK

SOCIAL WITH DASHES

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification No.)

ANYWHERE ADDRESS CITY, STATE [ZIP]

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code

XXX-XXX-XXXX

Securities to be registered pursuant to Section 12(b) of the Act:

Title of each class
to be so registered

Name of each exchange on which
each class is to be registered

SSN AND OR EXEMPTION #

TREASURY BONDS / ADR / FRN

STATE FILE BIRTH CERTIFICATE #

TREASURY BONDS / ADR / FRN

Securities to be registered pursuant to Section 12(g) of the Act:

SSN AND OR EXEMPTION #

(Title of class)

STATE FILE BIRTH CERTIFICATE #

(Title of class)

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒

Accelerated filer ☐

Non-accelerated filer ☐ (Do not check if a smaller reporting company)

Smaller reporting company ☐

SEC 1396 (02-08)

Persons who respond to the collection of information contained
in this form are not required to respond unless the form displays
a currently valid OMB control number.

INFORMATION REQUIRED IN REGISTRATION STATEMENT

Item 1. Business.

Furnish the information required by Item 101 of Regulation S-K (§229.101 of this chapter).

Item 1A. Risk Factors.

Set forth, under the caption "Risk Factors," where appropriate, the risk factors described in Item 503(c) of Regulation S-K (§229.503(c) of this chapter) applicable to the registrant. Provide any discussion of risk factors in plain English in accordance with Rule 421(d) of the Securities Act of 1933 (§230.421(d) of this chapter). Smaller reporting companies are not required to provide the information required by this item.

Item 2. Financial Information.

Furnish the information required by Items 301, 303, and 305 of Regulation S-K (§§229.301, 229.303, and 229.305 of this chapter).

Item 3. Properties.

Furnish the information required by Item 102 of Regulation S-K (§229.102 of this chapter).

Item 4. Security Ownership of Certain Beneficial Owners and Management.

Furnish the information required by Item 403 of Regulation S-K (§229.403 of this chapter).

Item 5. Directors and Executive Officers.

Furnish the information required by Item 401 of Regulation S-K (§229.401 of this chapter).

Item 6. Executive Compensation.

Furnish the information required by Item 402 of Regulation S-K (§229.402 of this chapter) and paragraph (e)(4) of Item 407 of Regulation S-K (§229.407 of this chapter).

Item 7. Certain Relationships and Related Transactions, and Director Independence.

Furnish the information required by Item 404 of Regulation S-K (§229.404 of this chapter) and Item 407(a) of Regulation S-K (§229.407(a) of this chapter).

Item 8. Legal Proceedings.

Furnish the information required by Item 103 of Regulation S-K (§229.103 of this chapter).

Item 9. Market Price of and Dividends on the Registrant's Common Equity and Related Stockholder Matters.

Furnish the information required by Item 201 of Regulation S-K (§229.201 of this chapter).

Item 10. Recent Sales of Unregistered Securities.

Furnish the information required by item 701 of Regulation S-K (§229.701 of this chapter).

Item 11. Description of Registrant's Securities to be Registered.

Furnish the information required by Item 202 of Regulation S-K (§229.202 of this chapter). If the class of securities to be registered will trade in the form of American Depositary Receipts, furnish Item 202(f) disclosure for such American Depositary Receipts as well.

Item 12. Indemnification of Directors and Officers.

Furnish the information required by Item 702 of Regulation S-K (§229.702 of this chapter).

Item 13. Financial Statements and Supplementary Data.

Furnish all financial statements required by Regulation S-X and the supplementary financial information required by Item 302 of Regulation S-K (§229.302 of this chapter). Smaller reporting companies may provide the financial information required by Article 8 of Regulation S-X in lieu of the information required by other parts of Regulation S-X.

Item 14. Changes in and Disagreements with Accountants on Accounting and Financial Disclosure.

Furnish the information required by Item 304 of Regulation S-K (§229.304 of this chapter).

Item 15. Financial Statements and Exhibits.

- (a) List separately all financial statements filed as part of the registration statement.
- (b) Furnish the exhibits required by Item 601 of Regulation S-K (§229.601 of this chapter).

SIGNATURES

Pursuant to the requirements of Section 12 of the Securities Exchange Act of 1934, the registrant has duly caused this registration statement to be signed on its behalf by the undersigned, thereunto duly authorized.

JOHN LEE DOE

(Registrant)

Date: TODAYS DATE

By: SIGNATURE

(Signature)*

*Print name and title of the signing officer under his signature.

GENERAL INSTRUCTIONS

A. Rule as to Use of Form 10.

Form 10 shall be used for registration pursuant to Section 12(b) or (g) of the Securities Exchange Act of 1934 of classes of securities of issuers for which no other form is prescribed.

B. Application of General Rules and Regulations.

- (a) The General Rules and Regulations under the Act contain certain general requirements which are applicable to registration on any form. These general requirements should be carefully read and observed in the preparation and filing of registration statements on this form.
- (b) Particular attention is directed to Regulation 12B [17 CFR 240.12b-1 - 240.12b-36] which contains general requirements regarding matters such as the kind and size of paper to be used, the legibility of the registration statement, the information to be given whenever the title of securities is required to be stated, and the filing of the registration statement. The definitions contained in Rule 12b-2 [17 CFR 240.12b-2] should be especially noted.

C. Preparation of Registration Statement.

- (a) This form is not to be used as a blank form to be filled in, but only as a guide in the preparation of the registration statement on paper meeting the requirements of Rule 12b-12 [17 CFR 240.12b-12]. The registration statement shall contain the item numbers and captions, but the text of the items may be omitted. The answers to the items shall be prepared in the manner specified in Rule 12b-13 [17 CFR 240.12b-13].
- (b) Unless otherwise stated, the information required shall be given as of a date reasonably close to the date of filing the registration statement.
- (c) Attention is directed to Rule 12b-20 [17 CFR 240.12b-20] which states: "In addition to the information expressly required to be included in a statement or report, there shall be added such further material information, if any, as may be necessary to make the required statements, in light of the circumstances under which they are made, not misleading."

D. Signature and Filing of Registration Statement.

Three complete copies of the registration statement, including financial statements, exhibits and all other papers and documents filed as a part thereof, and five additional copies which need not include exhibits, shall be filed with the Commission. At least one complete copy of the registration statement, including financial statements, exhibits and all other papers and documents filed as a part thereof, shall be filed with each exchange on which any class of securities is to be registered. At least one complete copy of the registration statement filed with the Commission and one such copy filed with each exchange shall be manually signed. Copies not manually signed shall bear typed or printed signatures.

E. Omission of Information Regarding Foreign Subsidiaries.

Information required by any item or other requirement of this form with respect to any foreign subsidiary may be omitted to the extent that the required disclosure would be detrimental to the registrant. However, financial statements, otherwise required, shall not be omitted pursuant to this instruction. Where information is omitted pursuant to this instruction, a statement shall be made that such information has been omitted and the names of the subsidiaries involved shall be separately furnished to the Commission. The Commission may, in its discretion, call for justification that the required disclosure would be detrimental.

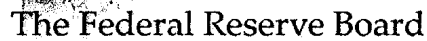
F. Incorporation by Reference.

Attention is directed to Rule 12b-23 [17 CFR 240.12b-23] which provides for the incorporation by reference of information contained in certain documents in answer or partial answer to any item of a registration statement.

Operating Circular 1 Account Relationships

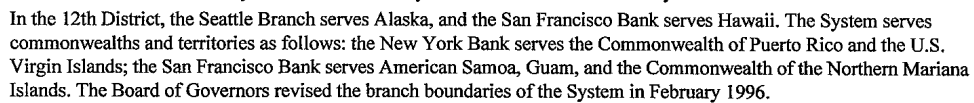
Appendices

Revised July 2009



Addresses and
phone numbers
Banks
Branches

Boston
New York
Philadelphia
Cleveland
Richmond
Atlanta
Chicago
St. Louis
Minneapolis
Kansas City
Dallas
San Francisco
Board



Last update: December 13, 2005

To: Federal Reserve Bank of XXXXXXXX
XXXXX DISTRICT Office
Attention: FEDERAL RESERVE BANK Department

Appendix 1

Master Account Agreement

The Institution named below agrees to the provisions of Operating Circular 1, Account Relationships, of the Federal Reserve Bank named above, and to the provisions of all operating circulars of each Federal Reserve Bank from which the Institution obtains services, as the circulars may be amended from time to time. The transactions and fees for services obtained will be settled in the master account unless the Institution requests otherwise by submitting a Transaction and Service Fee Settlement Authorization (Operating Circular 1, Appendix 5) and/or a Letter of Agreement for Obtaining Advances Through a Correspondent (Operating Circular 10).

Official Signature
JOHN LEE DOE,
Printed Name and Title
Today's Date
Date
7 Days From Today's Date
Anticipated Account Opening Date
Questions regarding the account
should be directed to:
JOHN LEE DOE,
Printed Name and Title
XXX-XXX-XXXX
Telephone Number
EMAIL ADDRESS
Email Address

For: JOHN LEE DOE
Name of Institution
Anywhere Address
Street Address
Anywhere City, State Zip
City, State, Zip Code
Federal Reserve Rt. #
Routing (ABA) Number
Alternate:
Printed Name and Title
Telephone Number
Email Address

Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the master account will be established.

FRB use only: Date Received: Signature Verification Completed By:
Processed By: DI Contact: Date Contacted:
Effective Date: Number Called-FX/

Revised July 2009

To: Federal Reserve Bank of XXXXXXXX
 XXXXX DISTRICT Office
 Attention: FEDERAL RESERVE BANK Department

Appendix 2

Subaccount Designations

We designate the following routing (ABA) number(s) to be a subaccount(s) of our master account. (Attach additional sheets as needed.)

JOHN LEE DOE
 Name of Institution (Master Account)
 Anywhere Address
 Street Address
 Anywhere City, State Zip
 City, State, Zip Code
 Federal Reserve Rt. #
 Routing (ABA) Number

By: _____
 Official Signature Date
 JOHN LEE DOE,
 Printed Name and Title
 XXX-XXX-XXXX
 Telephone Number
 7 DAYS FROM TODAY
 Requested Effective Date

Subaccount Routing Number	Used for Funds Transfers?	Subaccount Name <i>Please state the name of each subaccount and indicate whether you are adding, changing, or deleting it.</i>	Subaccount Address <i>Please print the address for each subaccount and indicate if this represents a change.</i>	Contacts for Questions about Subaccount Activity <i>Please print the name, title, and telephone number for each contact, and indicate if this represents a change.</i>
1. 2 ssn ex#	Yes/No	<input checked="" type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	address <input type="checkbox"/> Change?	JOHN LEE DOE, MASTER ACCOUNT HOLDER <input type="checkbox"/> Change?
2. b.c. #	Yes/No	<input checked="" type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	address <input type="checkbox"/> Change?	JOHN LEE DOE, MASTER ACCOUNT HOLDER <input type="checkbox"/> Change?
3. court #	Yes/No	<input checked="" type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	address <input type="checkbox"/> Change?	JOHN LEE DOE, MASTER ACCOUNT HOLDER <input type="checkbox"/> Change?
4.	Yes/No	<input type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	<input type="checkbox"/> Change?	<input type="checkbox"/> Change?
5.	Yes/No	<input type="checkbox"/> Add, <input type="checkbox"/> Change, <input type="checkbox"/> Delete?	<input type="checkbox"/> Change?	<input type="checkbox"/> Change?

Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the above subaccount(s) will be established, changed or deleted.

FRB use only: Date Received: _____ Signature: _____ Verification Completed By: _____
 Processed By: _____ DI Contact: _____ Date Contacted: _____
 Effective Date: _____ Number Called/EXT: _____

Revised July 2009

To: Federal Reserve Bank of XXXXXXXX

Appendix 3

XXXXX DISTRICT Office

Attention: FEDERAL RESERVE BANK Department

Pass-Through Agreement

The Institutions named below agree to the provisions of Operating Circular 1, Account Relationships, of the Federal Reserve Bank named above, and the provisions of all operating circulars of each Federal Reserve Bank from which the Institutions obtain services, as the circulars may be amended from time to time.

Respondent Agreement

We elect to maintain our required reserve balances on a pass-through basis with the correspondent named below.

Correspondent Agreement

We agree to serve as correspondent for the respondent named below. The required reserve balances for this respondent will be commingled in our master account at the Reserve Bank.

Respondent

JOHN LEE DOE

Name of Institution

ANYWHERE ADDRESS

Street Address

CITY, STATE ZIP

City, State, Zip Code

By:

Official Signature

(Date)

JOHN LEE DOE

Printed Name and Title

XXX-XXX-XXXX

Telephone Number

federal reserve rt #

Routing (ABA) Number

Correspondent

Name of Institution

Street Address

City, State, Zip Code

By:

Official Signature

(Date)

Printed Name and Title

Telephone Number

Routing (ABA) Number

Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the above pass-through arrangement will be in effect.

FRB use only: Date Received: Signature, Verification Completed By:
Processed By: DI Contact: Date Contacted:
Effective Date: Number Called/EXT:

Revised July 2009

To: Federal Reserve Bank of XXXXXXXX
XXXXX DISTRICT Office
Attention: FEDERAL RESERVE BANK Department

Appendix 4

Certificate and Official Signature Card for Fed Funds Checks

I certify that the following is a true copy of a resolution adopted by the Board of Directors of JOHN LEE DOE
Name of Institution, at a meeting of the Board duly held on todays date, at which a quorum was present and acting throughout, and that such resolution is in conformity with the provisions of the charter and by-laws of the Institution, and that this resolution has not been modified and remains in effect.

Resolved, that any of the 1 officers listed below is authorized to sign checks ("Fed Funds Checks") drawn on the Institution's master account at the Federal Reserve Bank of XXXXXXXXXXXXX.

Certified by:

For:

Signature of Certifying Officer*
JOHN LEE DOE,
Name and Title
XXX-XXX-XXXX
Telephone Number
TODAYS DATE
Date

JOHN LEE DOE
Name of Institution
Federal Reserve Rt. #
Routing (ABA) Number
Anywhere Address
Street Address
Anywhere City, State Zip
City, State, Zip Code

Signature of Second Certifying Officer*
Name and Title
Telephone Number
Date

* The certifying officer must be the cashier, comptroller, secretary, or other officer of similar or higher rank, must have the authority to certify the statements in this document, and may not be a person listed below. If the Institution has a limited number of officers, then this latter requirement will be waived if two officers of the Institution execute this Certificate.

Official Signatures

RULE OUT UNUSED SPACES

PLEASE TYPE NAMES IN THIS SPACE

JOHN LEE DOE

WILL SIGN

PLEASE SIGN IN THIS SPACE

SIGNATURE

TITLE

Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the Fed Funds Checks may be drawn against the master account.

FRB use only: Date Received: Signature Verification Completed By:
Processed By: DI Contact: Date Contacted:
Effective Date: Number Called/EXT:

Revised July 2009

To: Federal Reserve Bank of XXXXXXXX
XXXXX DISTRICT Office
Attention: FEDERAL RESERVE BANK Department

Appendix 5

TRANSACTION AND SERVICE FEE SETTLEMENT AUTHORIZATION

The Institutions named below agree to the provisions of Operating Circular 1, Account Relationships, of the Federal Reserve Bank named above and the provisions of all operating circulars of each Federal Reserve Bank from which the Institutions obtain services, as the circulars may be amended from time to time.

The Federal Reserve Bank is authorized to settle debits and credits to the account of the correspondent named below for financial transactions and service charges for the respondent named below for the selected service categories. For your Billing service charges, the Federal Reserve Bank's preferred method of settlement is to automatically default settlement for all service charges to the correspondent listed below unless otherwise noted by individually selecting Service Charge Categories. A separate settlement authorization is required for each correspondent used.

- Financial transactions related to the Custodial Inventory Program, Fedwire Funds and Securities, and Fed Funds Checks may not be settled through a correspondent.
- If you are an account holder, financial transactions and service fees for the services listed below will automatically settle in your own account unless you have indicated on this form that you want them to settle in the correspondent's account.
- The correspondent named below authorizes the use of its earnings credits to offset the service charges selected for the respondent named below. Respondents earnings credits may not be used to offset service charges settling through a correspondent.
- Transaction settlement authorization for Loans requires submission of Exhibit 1 of Appendix 5 of Operating Circular 10 ("Form of Letter of Agreement for Obtaining Advances through a Correspondent").

Transaction Settlement			Service Fee Settlement		
Check the appropriate box: <input checked="" type="checkbox"/> Do not make any changes to my current Transaction settlement. <input checked="" type="checkbox"/> Discontinue all current Transaction Settlement arrangements and have all transactions settle in my own account. <input type="checkbox"/> Settle only the Transaction categories selected below with the correspondent named below. <input type="checkbox"/> Discontinue all current Transaction Settlement arrangements for the Respondent named below. The correspondent is responsible for notifying the respondent of the termination prior to submission of this form. (This option is applicable to only the correspondent and does not require the respondent's signature.)			Check the appropriate box: <input type="checkbox"/> Do not make any changes to my current Service Fee settlement. <input checked="" type="checkbox"/> Discontinue all current Billing Service Fee settlement arrangements and have the service charges settle in my own account. <input type="checkbox"/> Settle only the Billing service categories selected below with the correspondent named below. <input type="checkbox"/> Discontinue all current Billing Service Fee arrangements for the Respondent named below. The correspondent is responsible for notifying the respondent of the termination prior to submission of this form. (This option is applicable to only the correspondent and does not require the respondent's signature.)		
Select all that apply	Transaction Description	Transaction Category ¹	Select all that apply ²	Service Charge Description	Billing Service Area ¹
	Other Treasury or Government Agency Service	08	<input checked="" type="checkbox"/>	All Service Charge Categories below	9999
	Forward Checks (other than Fed Funds Checks)	15	<input checked="" type="checkbox"/>	Electronic Access ³	1210
	Return Checks	20	<input checked="" type="checkbox"/>	Forward Checks (other than Fed Funds Checks)	1501, 1521
	Redemption or Interest on Govt. or Agency Securities	26 or 27	<input checked="" type="checkbox"/>	Return Checks	3001, 3021
	Treasury Investment Program and Paper Tax System	39	<input checked="" type="checkbox"/>	Payor Bank Services	1505
<input checked="" type="checkbox"/>	ACH	57	<input checked="" type="checkbox"/>	Check Transportation	1507
	Currency/Coin and Cash Cross Shipping (other than Custodial Inventory Transactions)	63	<input checked="" type="checkbox"/>	Check Float	1508
<input checked="" type="checkbox"/>	Capital Stock	66	<input checked="" type="checkbox"/>	ACH	5701
	Savings Bond	70	<input checked="" type="checkbox"/>	Currency/Coin and Cash Cross Shipping	6301, 6302, 6303
<input checked="" type="checkbox"/>	Account Charges and Payments (other than service charges)	84	<input checked="" type="checkbox"/>	Fedwire Funds	1001
			<input checked="" type="checkbox"/>	Net Settlement	1002
			<input checked="" type="checkbox"/>	Fedwire Securities	2001
			<input checked="" type="checkbox"/>	Accounting Information Services	8401

¹The transaction category is the first two digits of the transaction code shown on your Statement of Account. Billing Service Areas are listed on your Statement of Service Charges.
²If Service Charge Categories are not selected, the correspondent selected for your Transaction Settlement will become the default for all Billing service charges.
³The Electronic Access service charge category will default to the correspondent named below if any other priced service category is selected.

It is requested that the above Transaction Settlement authorization begin on 7 days from now (month, date and year) and Service Fee Settlement authorization begin with 7 days from now (billing month and year). On the dates that such settlements begin, this authorization will supersede any previously executed authorization by the named respondent for each service category selected above.

Respondent:
JOHN LEE DOE
Name of Institution
ANYWHERE ADDRESS
Street Address
CITY, STATE ZIP
City, State, Zip Code
Official Signature (Date)
JOHN LEE DOE
Printed Name and Title
XXX-XXX-XXXX
Telephone Number
federal reserve ext #
Routing (ABA) Number

Correspondent:

Name of Institution

Street Address

City, State, Zip Code

Official Signature (Date)

Printed Name and Title

Telephone Number

Routing (ABA) Number

The completed form should be e-mailed to sys.ccc.appendix5@mpls.frb.org, faxed to (877) 281-3647, or mailed to the Federal Reserve's Customer Contact Center at P.O. Box 219416, Kansas City, MO 64121-9416. This form must be received by the last business day of the requested month for settlement of service charges. Processing may take 5-7 business days. Please contact the Federal Reserve Bank to confirm the date that the settlement authorization will go into effect.

Revised July 2009



Federal Reserve Bank FedMail® Request Form

Internal FR
(Upon receipt by the Federal Reserve Bank)

PLEASE TYPE FORM, PRINT, & SUBMIT (handwritten forms may delay processing)

Use of the FedMail® access solution is governed by Federal Reserve Bank Operating Circular 5 ("OC 5"), Electronic Access. Depending on the services you choose to access using FedMail, additional Operating Circulars (available at FRBservices.org) may govern. Submission of this form constitutes acceptance of the terms and conditions of OC 5 and other applicable Operating Circulars and agreements. The Federal Reserve Banks have no obligation to verify the accuracy of the information you provide below and have the right to rely on such information in connection with the provision of FedMail access to the services you are requesting. Except to the extent prohibited by law or regulation, you agree to indemnify, hold harmless and defend the Federal Reserve Banks against any claim, loss, liability, or expense made against or incurred by the Federal Reserve Banks in connection with their reliance on the information provided below. A more detailed description of each service available via FedMail is set forth in Appendix A to this form, including certain service limitations.

Section 1 – General

*** Required Fields**

Nine-Digit Routing Transit Number (RTN) *	FEDERAL RESERVE ROUTING NUMBER
Financial Institution Name *	JOHN LEE DOE
Country *	United States

Section 2 – Service Profile

Instructions

1. Use this section to "Add" or "Delete" services or delivery addresses.
2. For email delivery, shared email boxes are preferred. Please provide more than one email address if using personal email addresses.
3. Complete an additional form to sign up more than three delivery addresses for a service.
4. To change a delivery address, "Delete" the current delivery address and "Add" the new delivery address.
5. To delete all recipients for a report (service) type, mark "All" in the delete column. Please note that by checking delete "All" box, all email addresses and fax numbers that the report(s) are delivered to will be deleted.
6. For pricing information please refer to the FRB Services website at:
<http://www.FRBservices.org/servicefees/index.html>
7. Refer to the attached **Appendix A** for a description of the services listed in this section.

Federal Reserve Bank Use Only

Due Diligence Verified: _____
Initials: _____
Date: _____

Federal Reserve Bank FedMail® Request Form

Section 2 – Service Profile (continued)

Accounting: Capital Stock (STOC, DIVD)

Add	Delete <input type="checkbox"/> All	Email	Fax	Email Address or Fax Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL OR FAX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Accounting: Daily Accounting Statement (IASR)

Add	Delete <input type="checkbox"/> All	Email	Fax	Email Address or Fax Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL OR FAX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Billing: Monthly Billing Summary Statement of Service Charge (BILR)

Add	Delete <input type="checkbox"/> All	Email	Fax	Email Address or Fax Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL OR FAX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check Adjustments: Messages and Images (CADM, CADI)

Add	Delete <input type="checkbox"/> All	Email	Fax	Email Address or Fax Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL OR FAX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Federal Reserve Bank FedMail® Request Form

Section 2 (continued) – Service Profile

Check 21: Duplicate Notification Service (DCNR)

By adding the C21 Duplicate Notification Service, you acknowledge that you have read and agreed to the terms and conditions of the *Check 21 Duplicate Notification Service Agreement*.

<https://www.frb services.org/app/duplicatecheck/request/terms.html>

Add	Delete	Email	Fax	Email Address or Fax Number
	<input type="checkbox"/> All			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL OR FAX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check 21: FedForward®/FedReturn® Acknowledgements (FFPP, FFRP)

Add	Delete	Email Address (Email only)
	<input type="checkbox"/> All	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Daylight Overdraft Reports (DORR)

Add	Delete	Email Address (Email only)
	<input type="checkbox"/> All	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

FedACH®: Advices (ACHR)

Add	Delete	Email	Fax	Email Address or Fax Number
	<input type="checkbox"/> All			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMAIL OR FAX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Federal Reserve Bank FedMail® Request Form

Section 2 (continued) – Service Profile

Fedwire®: Funds Advices (FFSR)

Add	Delete	Email Address (Email only)
	<input type="checkbox"/> All	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Fedwire: Securities Reports and Advices (FSSR)

Add	Delete	Email Address (Email only)
	<input type="checkbox"/> All	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Reserves: Reports (ASOF, INTP, PSTN, RSRQ, RSPT)

Report Type		<input checked="" type="checkbox"/> Statement of Adjustments Applied (ASOF) <input checked="" type="checkbox"/> Interest Payment Advice (INTP) <input checked="" type="checkbox"/> Position Report (PSTN) <input checked="" type="checkbox"/> Report of Required Reserves (RSRQ) <input checked="" type="checkbox"/> Report of Required Reserves in Pass Through Accounts (RSPT)		
Add	Delete	Email	Fax	Email Address or Fax Number
	<input type="checkbox"/> All			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL OR FAX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Treasury: ACH Reclamations (RECM)

Please attach a listing of additional affiliate RTNs that your institution could receive reclamations for.

Add	Delete	Email Address (Email only)
	<input type="checkbox"/> All	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL OR FAX
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Federal Reserve Bank FedMail® Request Form

Section 2 (continued) – Service Profile

Treasury: Check Reclamations (RECC) and Reports (CORA, CORB, CORC, CORM, CORS, CORW)

Please attach a listing of additional affiliate RTNs that your institution could receive reclamations for.

Add	Delete	Email	Fax	Email Address or Fax Number
	<input type="checkbox"/> All			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMAIL OR FAX
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3 – Authorized Approval

Name *	First John	Middle Initial Lee	Last Doe
Signature * <i>The person signing this form must have signatory authority for the institution and must be listed on the Official Authorization List. The person signing this form cannot be the same person as a subscriber identified in this form.</i>			
Date *	TODAYS DATE		
Telephone *	Country Code (if other than US)	Phone XXX-XXX-XXXX	Extension (if applicable)
Email Address *	EMAIL		

Please submit this form to the Customer Contact Center at:

Email: ccc coordinators@kc.frb.org

Fax: 800-650-7856

Mail:

Customer Contact Center
Federal Reserve Bank of Kansas City
P.O. Box 219416
Kansas City, MO 64121-9416

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Appendix A: Service Descriptions

For your information only – please do not return with form

Email formats: Text attachments may be viewed with a text editor, spreadsheet or word processing software. Mail messages provide the information within the body of the email. HTML attachments are pre-formatted and must be viewed with a Web browser.

Service	Description
Accounting: Capital Stock (STOC, DIVD)	Service provides the electronic delivery of monthly statements of share holdings and semi-annual advices of dividend payments for member banks of the Federal Reserve System.
Accounting: Daily Accounting Statements (IASR)	Service provides the ability to receive accounting statements electronically. The statements are produced at the close of business each day and identify all account activity processed for a master account, its subaccounts and respondents. The Daily Statement Of Account for account holders is provided via one delivery channel at no charge. If this report is received via FedMail email in addition to being received via FedLine Direct and/or FedLine Web®/FedLine Advantage® (via AMI), a Multiple Delivery Charge will be incurred. Fax delivery is discouraged for customers whose statement is ten pages or more in length. The Statement of Items Through Your Correspondent and Statement of Items Through Your Master Account are available for a monthly fee. Please visit http://www.frbsservices.org/files/forms/account_services/pdf/2011_ais_forms.pdf for additional information. Email and fax format is Text.
Billing: Monthly Billing Summary Statement of Service Charges (BILR)	Service provides the ability to receive the Monthly Billing Summary Statement of Service Charges (BILR) electronically. Email and fax format is both Text and PDF.
Check Adjustment: Messages / Images (CADM/CADI)	Service provides the ability to receive check adjustment information (CADM) and supporting documentation (CADI) electronically. Message email and fax format is Text; image format is TIF.
Check 21: Duplicate Notification Service (DCNR)	Service enables summary information exchange between FedMail® subscribers involved in duplicate check item incidents. The Federal Reserve Banks (FRBs) are not responsible for the content of any notice sent via this service nor do they verify intended recipients. The FRBs will not notify a sender if an intended recipient is not a FedMail subscriber or if an intended FedMail subscriber recipient fails to receive a notice. Notification sent via this service does not relieve the sender of any obligations under applicable check law. This service is recommended for use when incidents result in 50 or more duplicate items. Email and fax format is Mail.
Check 21: FedForward®/FedReturn® Acknowledgements (FFRP, FFPP)	Service provides the ability to receive Check 21 FedForward and FedReturn file acknowledgements (FFRP). "Pre-production" (FFPP) is used by customers testing the Check 21 deposit process and those who wish to receive test file acknowledgements after the service is implemented into production. Please note that FedReceipt and FedReceipt Plus notifications are not available via FedMail. Email delivery only; email format is Mail.
Daylight Overdraft Reports (DORR)	Service provides account holders with the ability to receive various daylight overdraft activity reports and fee statements/advices electronically. The Intra-Day Position Report is delivered daily each morning. The DORPS Two-Week Report is delivered on the Thursday immediately following each two-week reserve maintenance period. Recipients receive both reports. Email format is Text.
FedACH®: Advices (ACHR)	Service provides the ability to receive electronic copies of FedACH End-Of-Day Settlement Advices , FedACH Immediate Advices , FedACH Second Immediate Advices , and Same Day Return Advices . Email and fax format is Text.

Appendix A: Service Descriptions

For your information only – please do not return with form

Service	Description
Fedwire®: Funds Advices (FFSR)	Service provides the ability to receive Fedwire Funds advices and acknowledgements of offline transactions via email. Fedwire Funds and Securities acknowledgements and advices utilize a third party vendor for message encryption and delivery services. Encrypted message delivery via Portal is based on standard Internet technology and users can access encrypted messages stored within the message center through a variety of Internet browsers. Service use does not require additional IT, Web or security infrastructure. While the vendor offers additional solutions that require the receiving institution / recipient to purchase additional components, the additional components and solutions are not required and are not supported by the Federal Reserve Banks. Customers may choose to use the other vendor supported solutions based on their own security assessment and business needs. Email delivery only; email format is Text.
Fedwire: Securities Reports and Advices (FSSR)	Service provides the ability to receive the Fedwire Securities statements (such as Detailed Activity Statement, Holdings Statement, Notification of P&I Credit) and advices of offline transactions via email. Fedwire Funds and Securities acknowledgements and advices utilize a third party vendor for message encryption and delivery services. Encrypted message delivery via Portal is based on standard Internet technology and users can access encrypted messages stored within the message center through a variety of Internet browsers. Service use does not require additional IT, Web or security infrastructure. While the vendor offers additional solutions that require the receiving institution / recipient to purchase additional components, the additional components and solutions are not required and are not supported by the Federal Reserve Banks. Customers may choose to use the other vendor supported solutions based on their own security assessment and business needs. Email delivery only; email format is Text.
Reserves: Reports (ASOF, INTP, PSTN, RSRQ, RSPT)	Service provides the ability to receive Reserve Reports electronically. The Statement of Adjustments Applied (As-Ofs) is a report that lists as-of adjustments applied to offset the effect of transactional or reporting errors. The Interest Payment Advice provides account holders with the ability to receive Interest Payment Advices and Interest Payment Adjustment Advices for a specific maintenance period. The Position Report (Preliminary and Final) provides average requirement and balance data for the current maintenance period (as well as two prior maintenance periods for the Preliminary Position Report). The Report of Required Reserves is distributed after FR2900 data for a complete computation period have been received for a weekly or quarterly reporter. The Report of Required Reserves in Pass Through Accounts is distributed to <u>correspondents</u> that have respondents passing through required reserves. Email and fax format is Text.
Treasury: ACH Reclamations (RECM)	Service provides the ability to receive ACH reclamations (RECM) electronically. Email delivery only; email format is PDF. Due to privacy concerns, the social security number and the payee's account number will be truncated. This service will replace the physical delivery of notices of reclamation (FMS Form 133) via the U.S. Postal Service. The notices will be sent no later than 7:00 am EST, M-F. Each notice will consist of Form 133 Part 1 (Program Agency Copy) and Part 5 (Notice to Account Owners). Parts 2, 3, and 4 of the Form 133 are duplicates of Part 1, and will not be included in the PDF. Upon receipt of an emailed notice of reclamation, the financial institution recipient should view, print, and process the notice of ACH reclamation in the same way that it would process a paper notice of ACH reclamations received by mail.

Appendix A: Service Descriptions

For your information only – please do not return with form

Service	Description
Treasury: Check Reclamations and Reports (RECC, CORA, CORB, CORC, CORM, CORS, CORW)	<p>Service provides the ability to receive check reclamations (RECC) and reports electronically. Recipients receive check reclamations and all reports.</p> <p>The 1099C Cancellation of Debt Items (CORA) provides uncollected amount of receivables at the end of the calendar year.</p> <p>The Annual Corrected Cumulative Notice of Discharged Debt (CORB) report provides canceled debt at the end of February with modifications that will be reported to the Internal Revenue Service on Form 1099C.</p> <p>The Annual Corrected 1099C Cancellation of Debt Items (CORC) report provides the uncollected amount of receivables at the end of February with Annual 1099C data modifications.</p> <p>The Cumulative Notice of Discharged Debt (CORM) is a monthly report of canceled debt that will be reported to the Internal Revenue Service on Form 1099C.</p> <p>The Summary of Debt Statement (CORS) is a monthly report of outstanding check reclamations and associated information.</p> <p>The Abandonment Notice (CORW) is a weekly report of check reclamations that have been abandoned.</p> <p>Email and fax format for check reclamations is PDF. Email and fax format for reports is Text.</p>

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Resolutions Authorizing an Institution to Open and Maintain Accounts and Use Services

As evidenced by my signature below, I certify that the following are correct and complete copies of the resolutions duly adopted on TODAYS DATE by the board of directors of _____

(date)
JOHN LEE DOE

(official name of banking institution)

("Institution"), a banking corporation

duly established and operating under the laws of THE UNITED STATES, with its head office located at ANYWHERE ADDRESS CITY, STATE [ZIP], in accordance with applicable law and the Institution's chartering documents. I also certify that such resolutions have not been modified, remain in effect, and are not in conflict with any provisions of the Institution's certificate of incorporation, by-laws, or chartering and/or licensing statutes or requirements:

1. RESOLVED, that the Institution is authorized to open and/or maintain a Master Account at the Federal Reserve Bank of the District in which the Institution is located, to agree to all of the provisions of the Federal Reserve Banks' Operating Circular No.1, Account Relationships, to obtain services from and incur obligations to any Federal Reserve Bank, and to agree to all of the provisions of the Federal Reserve Banks' operating circulars covering such services.
2. RESOLVED, that the President, the Chief Financial Officer, Cashier, and _____
JOHN LEE DOE, MASTER ACCOUNT HOLDER
(exact titles of officials, or if Institution chooses to authorize specific individuals, insert names and titles of such individuals)
of the Institution, and each of their successors in office, are each hereby authorized and directed to transmit to the Federal Reserve Banks a list of the names, titles and signatures of persons to be recognized as authorized to apply for a Master Account in the Institution's name, execute agreements relating to such account or any Federal Reserve Bank services, issue instructions on the Institution's behalf to any Federal Reserve Bank, and transact business on the Institution's behalf.
3. RESOLVED, that the officials designated in the foregoing resolutions are each hereby authorized to do any and all acts that may be necessary or incidental to any transaction authorized by the relevant resolution, or that may be designed to carry out the purpose of such resolution; and that such resolution and all the powers hereby granted shall continue in full force until written notice of revocation has been received by the Federal Reserve Bank of the District in which the Institution is located and such Federal Reserve Bank has had reasonable time to act on such notice.
4. RESOLVED, that all prior resolutions regarding accounts with Federal Reserve Banks and/or the use of Federal Reserve Bank services (other than resolutions authorizing the Institution to borrow from and pledge collateral to a Federal Reserve Bank and resolutions relating to daylight overdraft capacity and net debit caps) are hereby revoked.

SIGNATURE

(Signature of certifying official)*

JOHN LEE DOE, MASTER ACCOUNT HOLDER

(Name and Title)

TODAYS DATE

(Date)

* The certifying official must be the Secretary or Assistant Secretary of the Institution or another officer of similar or higher rank. The official also must have the authority to certify the statements in this document and may not be a person authorized in Paragraph 2.

(9/8/04)

OFFICIAL AUTHORIZATION LIST

Routing (ABA) No. FEDERAL RESERVE BANK RT. #

Page 1 of 1

This supersedes our previous
Official Authorization List:

(Circle:) **YES** or **NO**

If neither is circled, previous list will also remain in effect.

Name of Institution: JOHN LEE DOE	Effective Date: 7 DAYS FROM TODAY
Street Address: ANY WHERE ADDRESS CITY, STATE	Telephone: XXX-XXX-XXXX

To the Federal Reserve Banks: Below are the names, titles, and signatures of the individuals authorized to transact business and issue instructions (except for Discount Window (Operating Circular 10) transactions) on behalf of the institution identified above.

Name and Title (printed):	Telephone No. and E-Mail Address:	Signature:	Limitations to Authority: (leave blank if no limitations)
JOHN LEE DOE Master Account Holder	xxx-xxx-xxxx Email	SIGNATURE	

Authorizing Officer (must be identified by name or title in Paragraph 2 of your Institution's authorizing Resolutions):

Signature: <u>SIGNATURE</u>	State of <u>XXXXXXXX</u> County of <u>XXXXXXXX</u>
JOHN LEE DOE, Master Account Holder (Printed Name and Title of Authorizing Officer)	Subscribed and sworn to before me on _____, 20____, by <u>JOHN LEE DOE</u> (Authorizing Officer's Printed Name)
XXX-XXX-XXXX (Telephone)	Notary Public (Notary Seal)
Email _____ (E-Mail Address)	

Secretary's Certification (must be completed if Par. 2 of your Institution's authorizing Resolutions identify Authorized Officers by title only):

I, <u>N/A</u> , Secretary (or Assistant Secretary) of the above Institution, do hereby certify that _____ is a (Authorizing Officer's Name) _____ of such Institution. (Title of Authorizing Officer)	State of _____ County of _____
Signature: _____	Subscribed and sworn to before me on _____, 20____, by _____ (Secretary's (or Assistant Secretary's) Printed Name)
	Notary Public (Notary Seal)