

# UCC APPROVAL SHEET

\*\* KEEP WITH DOCUMENT \*\*

**TRANSACTION TYPE**

**FEES REMITTED**

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



Affix Text Label Here  
**RECORDED ON 09/23/2011 AT 04:11 PM**  
**IN THE FINANCING RECORDS OF THE MD. ST.**  
**DEPARTMENT OF ASSESSMENTS AND TAXATION.**  
**WO # 0003846966 ACK # 1000362002305284**  
**ORIGINAL FILE NUMBER: 0000000181425776**  
**PAGES: 0002**

**OTHER CHANGES:**

Code \_\_\_\_\_

Attention: \_\_\_\_\_

Mail to Address:

**NO FEE TRANSACTION TYPES**

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

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

**Method of Payment:**

Cash  Check  Credit Card

Number of Checks

Comments(s):

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

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
**0000000181425776**

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

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

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

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

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

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME  
**THE UNITED STATES OF AMERICA (Obligor)**

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME  
**THE FEDERAL RESERVE SYSTEM (Obligee)**

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY  
**50 MARYLAND AVE ROCKVILLE MD 20850 u.s.a.**

7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any  
**14,300,000,000,000, Public The United States of America AG 59880464 A**  NONE

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

**[14,300,000,000,000.-]  
 THE UNITED STATES OF AMERICA (Assignor)**

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

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME  
**THE UNITED STATES OF AMERICA**

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  
**-ent**

10. **OPTIONAL FILER REFERENCE DATA**  
**115657C**