

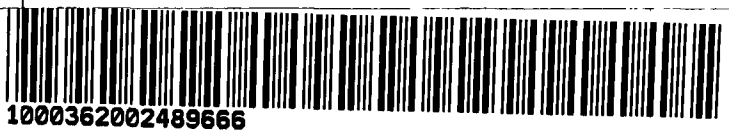
# UCC APPROVAL SHEET

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

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

TRANSACTION TYPE

FEE REMITTED



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

Affix Text Label Here  
**RECORDED ON 11/09/2011 AT 01:21 PM**  
**IN THE FINANCING RECORDS OF THE MD. ST.**  
**DEPARTMENT OF ASSESSMENTS AND TAXATION.**  
**WO # 0003883718 ACK # 1000362002489666**  
**ORIGINAL FILE NUMBER: 0000000181432677**  
**PAGES: 0003**

Other Change(s)

Code \_\_\_\_\_

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

Mail to Address: \_\_\_\_\_

TOTAL FEES: \$750

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 AVE NORTH WEST**  
**WASHINGTON DC 20220**

METHOD OF PAYMENT

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

Number of Checks \_\_\_\_\_

COMMENT(S):

STAMP WORK ORDER AND CUSTOMER NUMBER HERE  
**CUST ID: 0002667138**  
**WORK ORDER: 0003883718**  
**DATE: 11-09-2011 01:25 PM**  
**AMT. PAID: \$75.00**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<p>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]  <b>HAMED GHOROUNIDELCHEH (301) 204-0458</b></p>	<p><b>CUST ID: 0002667138</b>  <b>WORK ORDER: 0003883718</b>  <b>DATE: 11-09-2011 01:25 PM</b>  <b>AMT. PAID: \$75.00</b></p>
<p>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</p> <p><b>IRS Technical Support Division  C/o Treasury UCC Contract Trust  Internal Revenue Service  1500 Pennsylvania Ave North West  Washington, District of Columbia 20220  USA</b></p>	

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				
<b>FEDERAL RESERVE NOTE</b>				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>1500 Pennsylvania Ave North West</b>		<b>Washington</b>	<b>DC</b>	<b>20220</b>
				<b>USA</b>
1d. <b>SEE INSTRUCTIONS</b>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
	<b>Currency</b>	<b>Universal</b>		<b>GC 40967924 A</b> <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
2d. <b>SEE INSTRUCTIONS</b>	ADD'L 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
<b>E. Knight</b>		<b>Loretta</b>		
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>Circuit Court for Mont. County - 50 Maryland Ave</b>		<b>Rockville</b>	<b>MD</b>	<b>20850</b>
				<b>USA</b>

4. This FINANCING STATEMENT covers the following collateral:

- [ Apostille (Convention de La Haye du 5 Octobre 1961)
- 1. Country: United States of America
- This public document
- 2. has been signed by Kimberly V. Johnson
- 3. acting in the capacity of Office Clerk
- 4. bears the seal/stamp of the Department of Assessments and Taxation
- Certified
- 5. at Annapolis, Maryland
- 6. the 24th day of October, 2011
- 7. by The Secretary of State of Maryland
- 8. No. 29263
- 9. Seal
- 10. Signature Secretary of State I

5. ALTERNATIVE DESIGNATION [if applicable]:	<input checked="" type="checkbox"/> LESSEE/LESSOR	<input checked="" type="checkbox"/> CONSIGNEE/CONSIGNOR	<input checked="" type="checkbox"/> BAILEE/BAILOR	<input checked="" 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 filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]		<input type="checkbox"/> All Debtors	<input checked="" type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	

8. OPTIONAL FILER REFERENCE DATA  
**(Assignee)**

# 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		
<b>FEDERAL RESERVE NOTE</b>		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

## 10. MISCELLANEOUS:

**Money Order**

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. <b>SEE INSTRUCTIONS</b>	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  as-extracted collateral, or is filed as a  fixture filing.

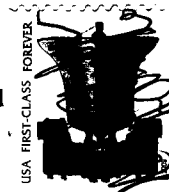
14. Description of real estate:

16. Additional collateral description:

**[\$1,000,000,000,000.00]**

**One Trillion Dollars (Federal Reserve Note)  
\$1,000,000,000,000.00**

**Accepted for Value  
Return for Value  
Exempt from Levi  
Exemption Number  
21667731  
GhorouniDelcheh: Hamed**



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

**Deposit to the U.S. Treasury and charge the same to HAMED  
GHOROUNIDELCHEH  
216-67-7731**

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 — effective 30 years  
 Filed in connection with a Public-Finance Transaction — effective 30 years