

UCC APPROVAL SHEET

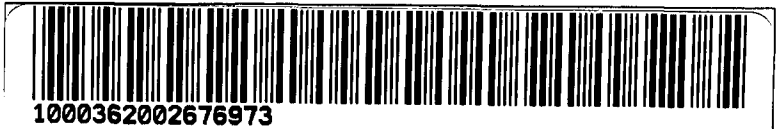
**** EXPEDITED SERVICE ****

**** 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 checked="" 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 checked="" type="checkbox"/>	UOPF - Public Finance - Original Financing Statement	\$25.00
<input checked="" type="checkbox"/>	Documents Nine (9) Pages or More	\$75.00
<input type="checkbox"/>	Certified Copies	
<input type="checkbox"/>	Plain Copies	

TOTAL FEES: \$125.00



RECORDED ON 12/29/2011 AT 02:38 PM
IN THE FINANCING RECORDS OF THE MD. ST.
DEPARTMENT OF ASSESSMENTS AND TAXATION.
WO # 0003891920 ACK # 1000362002676973
ORIGINAL FILE NUMBER: 0000000181436277
PAGES: 0012

Other Change(s)

Code _____

Attention: _____

Mail to Address:

**SAKITA S. HOLLY
2149 DUCKHORN CT
WALDORF MD 20601**

NO FEE TRANSACTION TYPES

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

METHOD OF PAYMENT

Cash _____ Check Credit Card _____

Number of Checks 2

COMMENT(S):

CUST ID: 0002675340
WORK ORDER: 0003891920
DATE: 12-29-2011 02:38 PM
AMT. PAID: \$125.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

CUST ID: 0002675340
WORK ORDER: 0003891920
DATE: 12-01-2011 11:19 AM
AMT. PAID: \$75.00

RECEIVED

2011 DEC 29 P 2:38

A. NAME & PHONE OF CONTACT AT FILER [optional]
Sakita S.Holly (301)752-8512

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Sakita S.Holly
2149 Duckhorn Ct
Waldorf, MD 20601

DEPARTMENT OF REVENUE
STATE OF MARYLAND

DEPARTMENT
ASSESSMENTS
& TAXATION

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 SAKITA SHANIK HOLLY					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 55 Waters Street			CITY NEW YORK	STATE NY	POSTAL CODE 10041- COUNTRY US
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION En Legis Trust	1f. JURISDICTION OF ORGANIZATION PRIVATE	1g. ORGANIZATIONAL ID #, if any Pending <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 UNITED STATES GOVERNMENT					
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS 1600 PENNSYLVANIA AVENUE NW			CITY WASHINGTON	STATE DC	POSTAL CODE 20600 COUNTRY uSA
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION CORPORATION	2f. JURISDICTION OF ORGANIZATION PRIVATE	2g. ORGANIZATIONAL ID #, if any Pending <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 Holly		FIRST NAME Sakita	MIDDLE NAME S	SUFFIX
3c. MAILING ADDRESS 2149 Duckhorn Ct			CITY Waldorf	STATE MD	POSTAL CODE 20601 COUNTRY uSA

4. This FINANCING STATEMENT covers the following collateral:

This is entry of collateral record owner, Sakita S Holly of the Debtor, SAKITA SHANIK HOLLY in the Commercial Chamber under necessity and the following property is hereby registered in the same :All Certificates of Birth Document # [REDACTED] Social Security # [REDACTED] are here in liened and claimed at the sum certain \$ 100,000,000.000, Maryland Drivers License # H-[REDACTED], UCC Contract Trust Account Number [REDACTED] Employer Identification # [REDACTED], Federal Reserve Bank of Atlanta, Georgia Personal Exemption Account /Bond # F67787462. Exemption Identification Number [REDACTED]. Auto TRIS & CUSIP Number; [REDACTED], Personal Federal Reserve Routing Number 0610-0014-6 Contract Trust Account (Pending) In the Amount of \$ Unlimited: Twenty Two Dollars(22) Silver Coin, Security Agreement No. SA-092119787993SSH, Power of Attorney Hold Harmless Indemnification Agreement No. HHIA-092119787993SSH; Copyright Notice No. CLC-092119787993SSH. Bill of Exchange No. BOE-092119787993SSH. Said registration is to secure the rights, title(s) and interest in and of Root of Title and Birth Certificate # 78-33836 as received by the Washington, District of Columbia, and DEPARTMENT OF HEALTH AND WELFARE (Division of Vital Statistics), DNA, Retna Scans and all Debentures, Indentures, Accounts and all the

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS. Attach Addendum if applicable.	7. Check to R ADDITION	
8. OPTIONAL FILER REFERENCE DATA		

CUST ID: 0002675340
WORK ORDER: 0003891920
DATE: 12-29-2011 02:38 PM
AMT. PAID: \$125.00

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 SAKITA SHANIK HOLLY			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

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 STATE OF MARYLAND					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS 207 House Office Building		CITY Annapolis	STATE MD	POSTAL CODE 21404	COUNTRY USA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION CORPORATION	11f. JURISDICTION OF ORGANIZATION PRIVATE	11g. ORGANIZATIONAL ID #, if any Pending	<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:

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

16. Additional collateral description:

Pledges represented by the same included but not limited to the pignus, hypotheca, hereditments, res, the energy and all products derived there- from, nunc pro tunc, but not limited to all capitalized names: SAKITA SHANIK HOLLY or any derivatives thereof, and all contracts, agreements, and sigis natures and / or endorsements, facsimiles, printed, typed or photocopied of owner's name predicated on the Straw-man, 'LLC (ENS LEGIS) described as the debtor and all property is accepted for value and is exempt from levy. Record owner is not the guarantor or surety to any other account by explicit reservation. Adjustment of this filing is from Public Policy HJR-192 and UCC 1-104 AND 10-104. All proceeds products, accounts, baggage and fixtures and the Orders there from are to be released to the Secured Party as the authorized representative of the debtor. Debtor is a commercial transmitting utility and is a trust.

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

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 SAKITA SHANIK HOLLY			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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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 INTERNAL REVENUE SERVICE					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS INTERNAL REVENUE SERVICE CENTER		CITY KANSAS CITY	STATE MO	POSTAL CODE 64999-0002	COUNTRY uSA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION CORPORATION	11f. JURISDICTION OF ORGANIZATION PRIVATE	11g. ORGANIZATIONAL ID #, if any Pending <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

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

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
SAKITA SHANIK HOLLY

OR

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

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
NEW YORK & CO

OR

11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
P.O. BOX 659728 SAN ANTONIO TX 78265-9728 uSA

11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any

CORPORATION PRIVATE Pending 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

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

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 SAKITA SHANIK HOLLY			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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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 DEPARTMENT OF MOTOR VEHICLES ADJUDICATION SERVICES CORRESPONDENCE					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS P.O. BOX 37135		CITY WASHINGTON	STATE DC	POSTAL CODE 20013	COUNTRY uSA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION CORPORATION	11f. JURISDICTION OF ORGANIZATION PRIVATE	11g. ORGANIZATIONAL ID #, if any Pending	<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

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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
SAKITA SHANIK HOLLY

OR

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

10. MISCELLANEOUS:

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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
NATIONWIDE MUTUAL INSURANCE COMPANY

OR

11b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
P.O. BOX 96040 CHARLOTTE NC 28296-0040 uSA

11d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #, if any

CORPORATION PRIVATE Pending 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

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

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 SAKITA SHANIK HOLLY		
OR	9b. INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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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 LAB CORP OF AMERICA HOLDING						
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS P.O. BOX 2240			CITY BURLINGTON	STATE NC	POSTAL CODE 27216-2240	COUNTRY uSA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION CORPORATION	11f. JURISDICTION OF ORGANIZATION PRIVATE	11g. ORGANIZATIONAL ID #, if any Pending <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

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

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 SAKITA SHANK HOLLY			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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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 CARE CREDIT GE MONEY BANK					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS P.O. BOX 960061		CITY ORLANDO	STATE FL	POSTAL CODE 32896-0061	COUNTRY uSA
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION CORPORATION	11f. JURISDICTION OF ORGANIZATION PRIVATE	11g. ORGANIZATIONAL ID #, if any Pending	<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	
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UCC FINANCING STATEMENT ADDENDUM

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

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

10. MISCELLANEOUS:

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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 CHASE HOME FINANCE					
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS P.O. BOX 469030		CITY GLENDALE	STATE CO	POSTAL CODE 80246	COUNTRY uSA
11d. TAX ID #: SSN OR EIN	ADD'L. INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION CORPORATION	11f. JURISDICTION OF ORGANIZATION PRIVATE	11g. ORGANIZATIONAL ID #, if any Pending	<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.

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