

Date: 05/07/2011 8:00PM

Filed & Recorded in
Official Records of
WASH DC RECORDER OF DEEDS
LARRY TODD

RECORDER OF DEEDS

Doc Type: EFINANCING

PROCESSING	\$	5.00
ERECORD	\$	15.00
ESURCHARGE	\$	6.50

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Charles C: Miller 253-326-1010	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Miller, Charles C: Auburn, WA 98002	

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 STATE OF WASHINGTON						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 416 Sid Snyder Ave SW Ste 200		CITY Olympia		STATE WA	POSTAL CODE 98504-0002	COUNTRY UNITED STATES
1d. TAX ID #: SSN OR EIN unknown	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Artf'l Per'n	1f. JURISDICTION OF ORGANIZATION Corporate	1g. ORGANIZATIONAL ID #, if any unknown <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 OFFICE OF GOVERNOR CHRISTINE GREGOIRE						
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS 416 Sid Snyder Ave SW Ste 200		CITY Olympia		STATE WA	POSTAL CODE 98504-0002	COUNTRY UNITED STATES
2d. TAX ID #: SSN OR EIN unknown	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION Artf'l Per'n	2f. JURISDICTION OF ORGANIZATION Corporate	2g. ORGANIZATIONAL ID #, if any unknown <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 MILLER		FIRST NAME CHARLES	MIDDLE NAME C:	SUFFIX	
3c. MAILING ADDRESS 1402 Auburn Way N #416/417		CITY Auburn		STATE WA	POSTAL CODE 98002	COUNTRY UNITED STATES

4. This FINANCING STATEMENT covers the following collateral:

Registered Mail No. 7006 0100 0004 0098 2250, AFFIDAVIT, Statement of Exemption for Restitution, perfected contract standing as Grantor, Bailor, Creditor, Beneficiary to, for the Public Trust, 1878, constructed under Constitution for the State of Washington inclusive of administering body 1889 State of Washington, now corporate goods and services provider STATE OF WASHINGTON; Original Washington Public Trust the State of Washington as constituted for equal footing Grantor, Bailor, Creditor, Beneficiary, contract superior to national Public Trust beginning 1776, July 4, perfected perpetuity 1781 under Articles of Confederation entitled The United States of America, administered under constitution of the United States of America 1791 now operated as corporate goods and services provider in the nature of government the United States/UNITED STATES OF AMERICA, wherein secured

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

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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 STATE OF WASHINGTON		
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				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
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 <input checked="" 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:

party is exempt from any and all constructed entities claiming or relying upon status and capacity granted by secured party execution delimited powers. Charles C: Miller, natural man.

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