UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]
Berkes Viktória +36 20 610 7757 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Berkes, Viktória Viktória Nyárfás utca 8. Hévízgyörk, HU 2192, HUN 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 The One People's Public Trust, 1776 OR 15. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 1c. MAILING ADDRESS 513 25TH AVE NW CITY Gig Harbor STATE POSTAL CODE COUNTRY WA 98335 USA 1d. SEE INSTRUCTIONS ADD'I INFO RE 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any ORGANIZATION **Public Trust** International/Public/Private NONE DESTOR X 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 26. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS CITY TPOSTAL CODE STATE COUNTRY 2d. SEE INSTRUCTIONS ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR 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 Berkes FIRST NAME Viktória MIDDLE NAME SUFFIX 3c. MAILING ADDRESS Nyárfás utca 8. Hévízgyörk OSTAL CODE COUNTRY HU 2192 4. This FINANCING STATEMENT covers the following collateral \$10,000,000,000.00 (\$10 BILLION) AS HELD IN PUBLIC TRUST BY THE ONE PEOPLES PUBLIC TRUST 1776 SEE FILED DOCUMENTS: UILO Doc. No. 2012127914/ WA DC UCC File No. 2012088865/ WA DC File No. 2012113593/ WA DC UCC File No. 2012079290/ WA DC UCC File No. 2012079322/ WA UCC Doc. No. 2012-296-1209-2/ WA UCC Doc. No. 2000043135/ WA DC UCC File No. 2012128324/ UCC File No. **All these REGISTRATIONS, are lawfully and legally binding on any and all former principals, agents, and beneficiaries of the slavery systems, inclusive of any and all Universal, International, National and State equivalents, by PRINCIPAL AGENT DOCTRINE preserved and guaranteed by public policy UCC1-103 common law remedy thereunder guaranteed, public policy UCC 1-305.

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE	CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-L	JCCFILING
This FINANCING STATEMENT is to be filed [i ESTATE RECORDS. Attach Addendum OPTIONAL FILES DESERVICE DATA OPTIONAL FILES DESERVICE DATA OPTIONAL FILES DESERVICE DATA	or record) (or recorded) in	the REAL (if applicable)	7. Check to REC [ADDITIONAL	UEST SEARCH REPOR	RT(S) on Debtor(s)	All Debtors	Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA				The second secon				-

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Devlas DiElbria as Dordserrand

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on State of Book

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	CC FINANCING STATE LOW INSTRUCTIONS (front and ba		DUM				
	NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCI					
	9a. ORGANIZATION'S NAME The One I	People's Public Trust, 177					
OR	OF ANDREDHALO LACTALAND	1					
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUF	FIX			
0.	MISCELLANEOUS:						
				THE ABO	OVE SPACE	IS FOR FILING OFF	ICE USE ONLY
1.	ADDITIONAL DEBTOR'S EXACT F	ULL LEGAL NAME - insert of	nly one name (11a or 11b) - do not abb				
	11a. ORGANIZATION'S NAME						
R	11b. INDIVIDUAL'S LAST NAME						
	110. INDIVIDUAL'S CAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME	
10	MAILING ADDRESS		Olev C				
10.	WALLING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
1d.	SEE INSTRUCTIONS . ADD'L INFO R		TION 11f. JURISDICTION OF ORC	GANIZATION	11g. ORG	SANIZATIONAL ID #, if a	anv
	ORGANIZATIO DEBTOR	ON .			1		
2.	ADDITIONAL SECURED PART	TY'S or ASSIGNOR	S/P'S NAME - insert only one nar	me (12a or 12b)			LINON
	12a. ORGANIZATION'S NAME		, 200	, , , , , , , , , , , , , , , , , , , ,			
R							
	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
20	MAILING ADDRESS		O.D.				
	THE WELL OF THE PARTY OF THE PA		CITY		STATE	POSTAL CODE	COUNTRY
3.	This FINANCING STATEMENT covers	timber to be cut or as-ex	tracted 16. Additional collateral des	ecrintion:			
	collateral, or is filed as a fixture filing.		To Trouble Condition acc	soription.			
1.1	Description of real estate:						
	Name and address of a RECORD OWNER if Debtor does not have a record interest):	of above-described real estate					
			47.				
			17. Check only if applicable a			-	7
			Debtor is a X Trust or	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P		perty held in trust or	Decedent's Estate
			18. Check only if applicable a		DOX.		
			Debtor is a TRANSMITTIN		e Transatian	effective 30	
			- neo in connection with a	- Manuactured-Hon	ie Hallsaction -	- enective 30 years	
			Filed in connection with a	Public-Finance Tec	nsaction off.	ctive 30 years	

Seles ViEbria

Butes Victoria as State of Body