

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

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

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 CITY STATE POSTAL CODE COUNTRY
 416 Sid Snyder Ave SW Ste 200 Olympia WA 98504-0002 UNITED STATES

1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any
 unknown Artf'l Per'n Corporate unknown 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 CITY STATE POSTAL CODE COUNTRY
 416 Sid Snyder Ave SW Ste 200 Olympia WA 98504-0002 UNITED STATES

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any
 unknown Artf'l Per'n Corporate unknown 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
 MILLER CHARLES C:

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 1402 Auburn Way N #416/417 Auburn WA 98002 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) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. 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) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUM

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RECORDER OF DEEDS

Doc Type: EFINANCING

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

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

10. MISCELLANEOUS:

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only gng 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 NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only gng 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