FO	CC FINANCING STATEMENT		-			
Α.	NAME & PHONE OF CONTACT AT FILER (optional) Mayer Amschel Rothschild		Date of Filing			
В.	E-MAIL CONTACT AT FILER (optional)		Time of Filing	_		
	mayeramschelrothschild1975@gmail.com		File Number Lapse Date	: 2017-318- : NONE	0392-0	
С.	SEND ACKNOWLEDGMENT TO: (Name and Address)		Lupse Dute	• 100101		
	Mayer Amschel Rothschild					
	MAYER AMSCHEL ROTHSCHILD RESIDU.					
	ESTATE TRUST trading as the FEDERAL RE BANK OF NEW YORK	SERVE				
	33 Liberty Street,					
_			_		R FILING OFFICE USE	-
	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exa ame will not fit in line 1b, leave all of item 1 blank, check here and pu				's name); if any part of the Ir atement Addendum (Form U	
~ ~	1a. ORGANIZATION'S NAME Zayyanid dynasty					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10		CITY		STATE	POSTAL CODE	
1c.	MAILING ADDRESS	CITY Algeria		STATE	POSTAL CODE	
2.	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exa	Algeria		y part of the Debtor		DZ
2.	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exam name will not fit in line 2b, leave all of item 2 blank, check here and put 2a. ORGANIZATION'S NAME	Algeria	or information in item 10	y part of the Debtor of the Financing St	's name); if any part of the In	DZ
2. OR	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exame will not fit in line 2b, leave all of item 2 blank, check here and provide and pro	Algeria ct, full name; do not omit, rovide the Individual Debt	or information in item 10	y part of the Debtor of the Financing St	's name); if any part of the In atement Addendum (Form U	DZ Idividual Debtor CC1Ad)
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I God Almighty declare on this day that in the name of creating peace between my internal and external families the entire financial portfolio including all real estate held in any trusts of and or for any DEBTOR (listed Dynasty) including any assets held in the names of any wife or child(ren) for any DEBTOR DISCLOSED from the begining of time is now forfeited to your creator, Mayer Amschel Rothschild born on February 23, 1744, alive and well for my spirit has awakened. The gateway to the heavens is now open therefore share the love for the next mission is eternal life as we know it.

5. Check only if applicable and check only one box: Collateral is 🖌 held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction 🖌 A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	uyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS		-		
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on because Individual Debtor name did not fit, check here	Financing Statement; if line 1b was left blank	Date of Filing : 11/		
9a. ORGANIZATION'S NAME		Time of Filing : 02 File Number : 20		
Zayyanid dynasty			ONE	
		Lapse Date 110		
OR				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-		
		THE ABOVE SPACE	S FOR FILING OFFICE	USE ONLY
 DEBTOR'S NAME: Provide (10a or 10b) only one ac do not omit, modify, or abbreviate any part of the Debtor's 10a. ORGANIZATION'S NAME 		n line 1b or 2b of the Financing S	tatement (Form UCC1) (use	exact, full name
OR 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME	or ☐ ASSIGNOR SECURED PARTY	"S NAME: Provide only one na	ame (11a or 11b)	
11a. ORGANIZATION'S NAME				
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
Almighty	God			
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
27a Playden Way	Balga		6061	AU

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT:
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	Covers timber to be cut covers as-extracted collateral is filed as a fixture filing

17. MISCELLANEOUS:

8. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fir because Individual Debtor name did not fit, check here	nancing Statement; if line 1b was left blank	Date of Filing : 11/ Time of Filing : 02		
18a. ORGANIZATION'S NAME		File Number : 20		
Zayyanid dynasty			ONE	
R				
18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		IS FOR FILING OFFICE	
I	btor name (19a or 19b) (use exact. full name: do			
19a. ORGANIZATION'S NAME Kanem Empire				,
R 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
			(-)	
Dec. MAILING ADDRESS	CITY Chad	STATE	POSTAL CODE	
0. ADDITIONAL DEBTOR'S NAME: Provide only one De	l abtor name (20a or 20b) (use exact. full name: do	not omit, modify, or abbreviate a	Inv part of the Debtor's name	.)
20a. ORGANIZATION'S NAME Kingdom of Baguirmi				,
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Chad			TD
I. ADDITIONAL DEBTOR'S NAME: Provide only one De	btor name (21a or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name)
21a. ORGANIZATION'S NAME Ouaddai Empire				
R 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Chad			TD
2. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY	Y'S NAME: Provide only one n	ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
Bush	George	Her	bert Walker	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
27a Playden Way	Balga		6061	AU
ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY	Y'S NAME: Provide only <u>one</u> n	ame (23a or 23b)	
23a. ORGANIZATION'S NAME NASA.GOV				
R 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
Bc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Washington, D	C DC	20546	USA

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing because Individual Debtor name did not fit, check here	Statement; if line 1b was left blank	Date of Filing : 11/ Time of Filing : 02		
18a. ORGANIZATION'S NAME Zayyanid dynasty			17-318-6392-0 DNE	
DR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
I 9. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor nan	ne (19a or 19b) (use exact. full name: do n		S FOR FILING OFFICE	
19a. ORGANIZATION'S NAME Ayyubid dynasty		···· , ··· , ··· , ··· , ··· ···	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
R 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
9c. MAILING ADDRESS	сітү Egypt	STATE	POSTAL CODE	
0. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor nar	ne (20a or 20b) (use exact, full name; do n	not omit, modify, or abbreviate a	ny part of the Debtor's name	
20a. ORGANIZATION'S NAME Farouk of Egypt				
R 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Dc. MAILING ADDRESS	сітү Egypt	STATE	POSTAL CODE	
1. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor nar	ne (21a or 21b) (use exact, full name; do n	ot omit, modify, or abbreviate a	ny part of the Debtor's name	1
21a. ORGANIZATION'S NAME				
R Patimid Caliphate 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Ic. MAILING ADDRESS	сітч Едурt	STATE	POSTAL CODE	
2. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY	S NAME: Provide only one na	ame (22a or 22b)	
		<u> </u>		
22a. ORGANIZATION'S NAME				
	FIRST PERSONAL NAME George	ADDITIO Wall	NAL NAME(S)/INITIAL(S)	SUFFIX
22a. ORGANIZATION'S NAME 22b. INDIVIDUAL'S SURNAME Bush 2c. MAILING ADDRESS	CITY George	Wall STATE	POSTAL CODE	COUNTRY
22a. ORGANIZATION'S NAME PR 22b. INDIVIDUAL'S SURNAME Bush	George	Wall	ker	
22a. ORGANIZATION'S NAME 22b. INDIVIDUAL'S SURNAME Bush 2c. MAILING ADDRESS PO Box 259000	CITY George	Wall STATE TX	Ker POSTAL CODE 75225-9000	COUNTRY
Image: 22a. ORGANIZATION'S NAME R 22b. INDIVIDUAL'S SURNAME Bush 2c. MAILING ADDRESS PO Box 259000 3 ADDITIONAL SECURED PARTY'S NAME or	CITY Dallas TX	Wall STATE TX S NAME: Provide only one na	Ker POSTAL CODE 75225-9000	COUNTRY



IB: DRGANIZATION'S NAME File Number : 2017-318-6392-0 Zayyanid dynasty File Number : 2017-318-6392-0 IB: INDIVIDUAL'S SURNAME File Number : NONE IB: INDIVIDUAL'S SURNAME File Number : NONE IB: INDIVIDUAL'S SURNAME SUFFIX ADDITIONAL DEBTOR'S NAME: Provide only gas Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) IIII SURNAME IB: INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) IB: INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Co. Maluka ADDRESS CITY STATE POSTAL CODE COUNTRY EG 20a. RADITIONAL DEBTOR'S NAME: Provide only gas Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 20a. 20a. SOGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20a. Maluka Sultanate FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 20a. Maluka Sultanate FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 21a.	8. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Sta because Individual Debtor name did not fit, check here	atement; if line 1b was left blank	Date of Filing			
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Tes. ND/NUDAL S SURVAME PIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) B. ADDITIONAL DEBTOR'S NAME: Provide only ong Debtor name (19a or 19b) (use exact, full name: do not ond, modify, or abbreviate any part of the Debtor's name) Tes. NRANKZTION'S NAME Piso, DRANKZATION'S NAME: R. ADDITIONAL DEBTOR'S NAME: Provide only ong Debtor name (19a or 19b) (use exact, full name: do not ond, modify, or abbreviate any part of the Debtor's name) Diso, NRANKEX SURVAME Piso, NRANKZTION'S NAME: R. MALING ADDRESS CLIY Schankitz Number Pirst PERSONAL NAME Pab. NRANKE: Provide only ong Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) Zab. ORANIZZTION'S NAME Mamiluk Sultanate R Dis. INDIVIDUAL'S SURVAME Corr City State Pisst PERSONAL NAME			Lapse Date	: N(DNE	
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Be: MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY Egypt STATE POSTAL CODE COUNTRY EG 20e. ORGANIZATION'S NAME Provide only ggg Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) Zoc. ORGANIZATION'S NAME SUFFIX 20e. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 30e. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 21a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME COUNTRY 21a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL DEBTOR'S NAME: Provide only ggg Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME EG 21a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 12a. ORGANIZATION'S NAME CITY <		EIDST DEDSONAL NAME		סודוססע		SHEELY
Egypt EG 00. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) 20a. ORGANIZATION'S NAME Mamluk Sultanate FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 0c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY Egypt STATE POSTAL CODE COUNTRY EG 11. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 21a. ORGANIZATION'S NAME COUNTRY Ptolemaic Kingdom FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 12. NDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 12. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 22a. ORGANIZATION'S NAME OF ADDITIONAL SECURED PARTY'S NAME or ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22a. ORGANIZATION'S NAME OF ASSIGNOR SECURED PARTY'S NAME: POSTAL CODE COUNTRY 22a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22b. INDIVIDUAL'S SURNAME FIRST			F	.55110		
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20a, ORGANIZATION'S NAME Mamluk Sultanate 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 20c. MAILING ADDRESS CITY 21a. ORGANIZATION'S NAME POSTAL CODE Ptolemaic Kingdom FIRST PERSONAL NAME 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Ptolemaic Kingdom CITY 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Ptolemaic Kingdom CITY 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 21c. MAILING ADDRESS CITY 22a. ORGANIZATION'S NAME OF National Aeronautics and Space Administration (NASA) R 22b. INDIVIDUAL'S SURNAME 22c. MAILING ADDRESS CITY Suffix SUFFix State GC-21 300 E Street, CITY Sublet GC-21 300 E Street, ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)	0. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name		ot omit, modify, or abbr	eviate a	Iny part of the Debtor's name)
R 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 0c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 21a. ORGANIZATION'S NAME Postal code COUNTRY Egypt STATE POSTAL CODE COUNTRY R 21a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX R 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 22a. ORGANIZATION'S NAME CITY STATE POSTAL CODE COUNTRY 22a. ORGANIZATION'S NAME CITY STATE POSTAL CODE COUNTRY 22a. ORGANIZATION'S NAME CITY STATE POSTAL CODE COUNTRY 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 22c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 22c. MAILING ADDRESS CITY STATE POSTAL	20a. ORGANIZATION'S NAME					
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R 21b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Ic. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY National Aeronautics and Space Administration (NASA) ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY Suite GC-21 300 E Street, CITY STATE POSTAL CODE COUNTRY Suite GC-21 300 E Street, CITY STATE POSTAL CODE COUNTRY 3 ADDITIONAL SECURED PARTY'S NAME Or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME R 23b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	21a. ORGANIZATION'S NAME					
Ic. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY Egypt STATE POSTAL CODE EG 22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) 22a. ORGANIZATION'S NAME National Aeronautics and Space Administration (NASA) ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 22b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY Suite GC-21 300 E Street, CITY SW Washington DC WA DC 20546 USA 3. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME 23a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX						
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2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY Suite GC-21 300 E Street, SW Washington DC WA DC 20546 USA 3 ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b) 23a. ORGANIZATION'S NAME PR 23b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX						
Suite GC-21 300 E Street, SW Washington DC WA DC 20546 USA 3ADDITIONAL SECURED PARTY'S NAME orASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)	226. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	F	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Suite GC-21 300 E Street, SW Washington DC WA DC 20546 USA 3ADDITIONAL SECURED PARTY'S NAME_orASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)		CITY	s	STATE	POSTAL CODE	COUNTRY
23a. ORGANIZATION'S NAME PR 23b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	Suite GC-21 300 E Street,	SW Washingto				
R 23b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	3. ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECURED PARTY	S NAME: Provide onl	ly <u>one</u> na	ame (23a or 23b)	
23D. INDIVIDUALS SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	23a. ORGANIZATION'S NAME					
3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY					NAL NAME(S)/INITIAL(S)	SUFFIX
3C. MAILING ADDRESS COUNTRY	R 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<i>F</i>	- DDIIIC		
	230. INDIVIDUAL S SURNAME					0.01.00

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here 	ement; if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02 File Number : 20 Lapse Date : No		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (1	I9a or 19b) (use exact, full name; do			
19a. ORGANIZATION'S NAME Sultanate of Egypt				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	сітү Egypt	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2		not omit, modify, or abbreviate a	Iny part of the Debtor's name)
20a. ORGANIZATION'S NAME				
Crown Council of Ethiopia				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	сіту Ethiopia	STATE	POSTAL CODE	COUNTRY ET
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	21a or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name)
21a. ORGANIZATION'S NAME Ethiopian Empire				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	сіту Ethiopia	STATE	POSTAL CODE	
22. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PARTY	SNAME: Provide only one n	ame (22a er 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PARTY	S NAME: Provide only one n	ame (23a or 23b)	1
23a. ORGANIZATION'S NAME			· /	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here 	ent; if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02 File Number : 20 Lapse Date : No		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		IS FOR FILING OFFICE	
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Emperor of Ethiopia			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Ethiopia	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	-	not omit, modify, or abbreviate a	Iny part of the Debtor's name)
20a. ORGANIZATION'S NAME Haile Selassie I				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Ethiopia	STATE	POSTAL CODE	COUNTRY ET
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a 21a. ORGANIZATION'S NAME Kebra Nagast	or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name;)
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city Ethiopia	STATE	POSTAL CODE	
22. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY		ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSI 23a. ORGANIZATION'S NAME	GNOR SECURED PARTY	I SNAME: Provide only <u>one</u> n	ame (23a or 23b)	1
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here 	if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02 File Number : 20 Lapse Date : N		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	
19. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a or 1	9b) (use exact. full name: do r			
19a. ORGANIZATION'S NAME Kingdom of Aksum		, , , , , , , , , , , , , , , , , , , ,	,,,	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	сіту Ethiopia	STATE	POSTAL CODE	COUNTRY ET
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2	20b) (use exact, full name; do	not omit, modify, or abbreviate a	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Queen of Sheba				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	сіту Ethiopia	STATE	POSTAL CODE	COUNTRY ET
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name; do	not omit, modify, or abbreviate a	any part of the Debtor's name))
21a. ORGANIZATION'S NAME Solomonic dynasty				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	сіту Ethiopia	STATE	POSTAL CODE	COUNTRY ET
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	-	"S NAME: Provide only <u>one</u> r	ame (22a or 22b)	
22a. ORGANIZATION'S NAME		<u> </u>	()	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	"S NAME: Provide only one r	ame (23a or 23b)	1
23a. ORGANIZATION'S NAME		, <u>ono</u> (· · · · · · · · · · · · · · · · · · ·	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here	nt; if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty			02:37:00 AM 2017-318-6392-0 NONE	
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		E IS FOR FILING OFFICE	
I9. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a o	or 19b) (use exact, full name; do			
19a. ORGANIZATION'S NAME Ashanti Empire				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Ghana	STAT	E POSTAL CODE	COUNTRY GH
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name; do	not omit, modify, or abbreviat	e any part of the Debtor's name)
20a. ORGANIZATION'S NAME				
Merina Kingdom 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		TIONAL NAME(S)/INITIAL(S)	SUFFIX
200. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME		HONAL NAME(S)/INTTAL(S)	SUFFIX
20c. MAILING ADDRESS	city Madagascar	STAT	E POSTAL CODE	COUNTRY MG
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do	not omit, modify, or abbreviat	e any part of the Debtor's name	:)
21a. ORGANIZATION'S NAME Ranavalona I				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city Madagascar	STAT	E POSTAL CODE	COUNTRY MG
	SNOR SECURED PARTY	'S NAME: Provide only on	e name (22a or 22b)	
22a. ORGANIZATION'S NAME				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	/'S NAME: Provide only <u>on</u>	<u>e</u> name (23a or 23b)	
23a. ORGANIZATION'S NAME		· · · ·		
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	TIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	Date of Filing : 11 Time of Filing : 0		
18a. ORGANIZATION'S NAME Zayyanid dynasty		File Number 2 Lapse Date : N	017-318-6392-0 ONE	
DR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
9. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Radama I				
DR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
9c. MAILING ADDRESS	CITY Madagascar	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	6	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Mali Empire		· · · ·		
DR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Mali	STATE	POSTAL CODE	COUNTRY ML
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME Songhai Empire				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Mali			ML
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN 22a. ORGANIZATION'S NAME	NOR SECURED PARTY	"S NAME: Provide only one	name (22a or 22b)	
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME Or ASSIGN [23a. ORGANIZATION'S NAME	INOR SECURED PARTY	S NAME: Provide only <u>one</u>	l name (23a or 23b)	
23a. UNGAINIZATION STNAME				
DR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

FOLLOW INSTRUCTIONS 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here	ent; if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 0 File Number : 2 Lapse Date : N		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	
I 19. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	ı or 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Wagadou Empire				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
I9c. MAILING ADDRESS	city Mauritania	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	a or 20b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Royal family of Morocco				
DR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Morocco	STATE	POSTAL CODE	COUNTRY MA
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	a or 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME Bornu Empire				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		STATE	POSTAL CODE	
	Nigeria			NG
22. ADDITIONAL SECURED PARTY'S NAME <u>or</u> ASSI 22a. ORGANIZATION'S NAME	GNOR SECURED PARTY	"S NAME: Provide only one	name (22a or 22b)	
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME OF ASSI 23a. ORGANIZATION'S NAME	GNOR SECURED PARTY	S NAME: Provide only one	l name (23a or 23b)	
DR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here 	if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty			2:37:00 AM 017-318-6392-0 ONE	
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Kanem Empire				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Nigeria	STATE	POSTAL CODE	COUNTRY NG
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	20b) (use exact, full name; do i	not omit, modify, or abbreviate a	Iny part of the Debtor's name)
20a. ORGANIZATION'S NAME Oba				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Nigeria	STATE	POSTAL CODE	COUNTRY NG
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exact, full name; do i	not omit, modify, or abbreviate a	iny part of the Debtor's name))
21a. ORGANIZATION'S NAME Obi				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Nigeria			NG
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN 22a. ORGANIZATION'S NAME	IOR SECURED PARTY	"S NAME: Provide only one r	ame (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		DNAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	СІТҮ		POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED PARTY	SNAME: Provide only <u>one</u> n	ame (23a or 23b)	
23a. ORGANIZATION'S NAME		·	, ,	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	ment; if line 1b was left blank	Date of Filing : 11 Time of Filing : 02		
18a. ORGANIZATION'S NAME Zayyanid dynasty		File Number : 2		
DR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	
9. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19	9a or 19b) (use exact, full name; do i			
^{19a.} organization's name Fulani Empire				
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
9c. MAILING ADDRESS	city Nigeria	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	0a or 20b) (use exact, full name; do	not omit, modify, or abbreviate a	any part of the Debtor's name)
20a. ORGANIZATION'S NAME				
R Ooduan dynasties of Yorubaland	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
0c. MAILING ADDRESS	city Nigeria	STATE	POSTAL CODE	COUNTRY NG
1. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	1a or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	any part of the Debtor's name)
21a. ORGANIZATION'S NAME Jolof Empire				
R 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
Ic. MAILING ADDRESS	city Senegal	STATE	POSTAL CODE	COUNTRY SN
2. ADDITIONAL SECURED PARTY'S NAME or ASS	SIGNOR SECURED PARTY	"S NAME: Provide only one r	ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. ADDITIONAL SECURED PARTY'S NAME or ASS	SIGNOR SECURED PARTY	SNAME: Provide only one r	ame (23a or 23b)	1
23a. ORGANIZATION'S NAME				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23c. MAILING ADDRESS 24. MISCELLANEOUS:	CITY	STATE	POSTAL CODE	CO

FOLLOW INSTRUCTIONS				
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here		Date of Filing : 11/14/2017		
18a. ORGANIZATION'S NAME		Time of Filing : 02		
Zayyanid dynasty		File Number : 20		
		Lapse Date : NO	ONE	
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	S FOR FILING OFFICE	JSE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (1	19a or 19b) (use exact, full name; do n	ot omit, modify, or abbreviate ar	y part of the Debtor's name)	
19a. ORGANIZATION'S NAME				
OR COLUMN CONTRACT OF COLUMN				-
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	South Africa			ZA
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2)	20a or 20b) (use exact, full name; do r	not omit, modify, or abbreviate a	hy part of the Debtor's name)	
20a. ORGANIZATION'S NAME				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
200. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITIC		
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Tunisia			TN
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	21a or 21b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME Kingdom of Afghanistan				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
		Abbille	INAL INAME (3)/INITIAL(3)	30111X
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Afghanistan			AF
22. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PARTY	S NAME: Provide only one na	ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PARTY	'S NAME: Provide only one na	ame (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:			I	

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Finan because Individual Debtor name did not fit, check here	cing Statement; i	f line 1b was left blank	Date of Filin			
18a. ORGANIZATION'S NAME Zayyanid dynasty	18a. ORGANIZATION'S NAME Zavvanid dvnastv		 Time of Filin File Number Lapse Date 	: 20	:37:00 AM 17-318-6392-0 DNE	
OR 18b. INDIVIDUAL'S SURNAME			-			
FIRST PERSONAL NAME			_			
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debto	r name (19a or 1	9b) (use exact, full name; do				
19a. ORGANIZATION'S NAME						
OR 19b. INDIVIDUAL'S SURNAME	ang of Alg	-				
19b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS		сіту Afghanistan		STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debto	or name (20a or 2	8	o not omit, modify, or abl	breviate a	y part of the Debtor's name)
20a. ORGANIZATION'S NAME House of Wangchuck						
OR 20b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS		city Bhutan		STATE	POSTAL CODE	COUNTRY BT
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debto	or name (21a or 2	1b) (use exact, full name; d	o not omit, modify, or abl	previate a	ny part of the Debtor's name)
21a. ORGANIZATION'S NAME His Majesty the King of Bhutan						
OR 21b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		city Bhutan		STATE	POSTAL CODE	COUNTRY BT
22. ADDITIONAL SECURED PARTY'S NAME or		OR SECURED PART			ame (22a er 22b)	
22a. ORGANIZATION'S NAME				ny <u>one</u> na		
OR 22b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		СІТҮ		STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or	ASSIGN	DR SECURED PART	Y'S NAME: Provide o	nly <u>one</u> na	ame (23a or 23b)	
23a. ORGANIZATION'S NAME				-		
OR 23b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:					1	

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here 	f line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 0 File Number : 2 Lapse Date : N		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
I 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19	9b) (use exact, full name: do n		IS FOR FILING OFFICE	
19a. ORGANIZATION'S NAME Kingdom of Cambodia		···· , ··· ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Cambodia	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20	l 0b) (use exact, full name; do r	not omit, modify, or abbreviate	any part of the Debtor's name	1
20a. ORGANIZATION'S NAME Ming Dynasty				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY China	STATE	POSTAL CODE	COUNTRY CN
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2)	1b) (use exact, full name; do r	not omit, modify, or abbreviate	any part of the Debtor's name)	
21a. ORGANIZATION'S NAME Qing Dynasty				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY China	STATE	POSTAL CODE	COUNTRY CN
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO		S NAME: Provide only one	name (22a or 22b)	
22a. ORGANIZATION'S NAME		<u> </u>		
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	DR SECURED PARTY	S NAME: Provide only one	name (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	ment; if line 1b was left blank	Date of Filing : 11/		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02 File Number : 20 Lapse Date : No		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	S FOR FILING OFFICE	USE ONLY
9. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (1)	9a or 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Davidic line				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Israel	STATE	POSTAL CODE	COUNTRY IL
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	l 0a or 20b) (use exact, full name; do	not omit, modify, or abbreviate a	Iny part of the Debtor's name)	
20a. ORGANIZATION'S NAME Kingdom of Judah				
DR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Israel	STATE	POSTAL CODE	COUNTRY
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	1a or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME				
CR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Israel			IL
22. ADDITIONAL SECURED PARTY'S NAME or ASS	SIGNOR SECURED PARTY	"S NAME: Provide only one n	ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
DR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	SIGNOR SECURED PARTY	"S NAME: Provide only <u>one</u> n	ame (23a or 23b)	
23a. ORGANIZATION'S NAME		·		
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

ecause Individual Debtor name did not fit, check here	nt; if line 1b was lef	ft blank	Date of Filing : 11/14/2017 Time of Filing : 02:37:00 AM
Zayyanid dynasty		File Number : 2017-318-6392-0 Lapse Date : NONE	
18b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	2	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
	or 19b) (use exact,	full name; do r	
0	FIRST PERSC	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MAILING ADDRESS	city Israel		STATE POSTAL CODE COUNTR
ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact,	full name; do r	not omit, modify, or abbreviate any part of the Debtor's name)
	FIRST PERSC	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MAILING ADDRESS	CITY Israel		STATE POSTAL CODE COUNTR
	or 21b) (use exact,	full name; do r	not omit, modify, or abbreviate any part of the Debtor's name)
21b. INDIVIDUAL'S SURNAME	FIRST PERSC	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MAILING ADDRESS	CITY		STATE POSTAL CODE COUNTR
	India		IN
	SNOR SECUR	ED PARTY	"S NAME: Provide only <u>one</u> name (22a or 22b)
22b. INDIVIDUAL'S SURNAME	FIRST PERSC	DNAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
MAILING ADDRESS	CITY		STATE POSTAL CODE COUNTR
	SNOR SECUR	ED PARTY	"S NAME: Provide only <u>one</u> name (23a or 23b)
23a. ORGANIZATION'S NAME			
23b. INDIVIDUAL'S SURNAME	FIRST PERSC	DNAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
	ecause Individual Debtor name did not fit, check here	ecause Individual Debtor name did not fit, check here	TBB. ORGANIZATION'S NAME Zayyanid dynasty TBB. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do 1 19a. ORGANIZATION'S NAME King Solomon 19b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME MAILING ADDRESS CITY Israel NDDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do 20a. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME NAME NAMLING ADDRESS CITY Israel NDDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do 20a. ORGANIZATION'S NAME Tribe of Judah 20b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME MAILING ADDRESS CITY Israel NDDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do 21a. ORGANIZATION'S NAME MAULING ADDRESS CITY India ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME FIRST PERSONAL NAME MAILING ADDRESS CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY 22b. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME OR ASS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here	ent; if line 1b was left blank	Date of Filing : 11		
Zavvanio ovnasiv		 Time of Filing : 0 File Number : 2 Lapse Date : N 		
OR 18b. INDIVIDUAL'S SURNAME		_		
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	-	IS FOR FILING OFFICE	
19. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	a or 19b) (use exact, full name; do			
19a. ORGANIZATION'S NAME Mughal empire				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city India	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	a or 20b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Chola dynasty				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city India	STATE	POSTAL CODE	COUNTRY IN
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	a or 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME Kakatiya Kamma dynasty				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	сіту India	STATE	POSTAL CODE	COUNTRY IN
22. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PART	Y'S NAME: Provide only one	name (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSI	IGNOR SECURED PART	Y'S NAME: Provide only one	name (23a or 23b)	1
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here 	t; if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty			2:37:00 AM 017-318-6392-0 ONE	
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	r 19b) (use exact, full name; do r	not omit, modify, or abbreviate a	any part of the Debtor's name))
^{19a.} organization's name Musunuri Kamma dynasty				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city India	STATE	POSTAL CODE	COUNTRY IN
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a o	r 20b) (use exact, full name: do	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Vijaynagar Empire		,		<u></u>
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city India	STATE	POSTAL CODE	COUNTRY IN
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a of	r 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME				
Pemmasani Kamma dynasty				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY India	STATE	POSTAL CODE	COUNTRY IN
22. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	S NAME: Provide only one	name (22a or 22b)	
22a. ORGANIZATION'S NAME		<u> </u>		
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	"S NAME: Provide only one	name (23a or 23b)	
23a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·		
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here 	if line 1b was left blank	Date of Filing : 11	/14/2017	
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 0.File Number: 2Lapse Date: N		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1	9b) (use exact, full name: do r		IS FOR FILING OFFICE	JSE UNLT
19a. ORGANIZATION'S NAME House of Pahlavi		,, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Iran	STATE	POSTAL CODE	COUNTRY IR
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2	20b) (use exact, full name; do r	not omit, modify, or abbreviate	any part of the Debtor's name)	
20a. ORGANIZATION'S NAME Qajar dynasty				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Iran	STATE	POSTAL CODE	COUNTRY IR
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name; do r	not omit, modify, or abbreviate	any part of the Debtor's name)	
21a. ORGANIZATION'S NAME Pahlavi dynasty				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city Iran	STATE	POSTAL CODE	COUNTRY IR
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	S NAME: Provide only one	name (22a or 22b)	
22a. ORGANIZATION'S NAME		<u> </u>		
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	S NAME: Provide only one	name (23a or 23b)	
23a. ORGANIZATION'S NAME		. —		
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here	nt; if line 1b was left blank	Date of Filing : 11/14/2017	
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE	
OR 18b. INDIVIDUAL'S SURNAME			
FIRST PERSONAL NAME			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE IS FOR FILING OFFI	
I 19. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	or 19b) (use exact, full name; do r		
19a. ORGANIZATION'S NAME Safavid dynasty			
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
19c. MAILING ADDRESS	city Iran	STATE POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name; do	not omit, modify, or abbreviate any part of the Debtor's n	ame)
20a. ORGANIZATION'S NAME Zand dynasty			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
20c. MAILING ADDRESS	CITY Iran	STATE POSTAL CODE	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do i	not omit, modify, or abbreviate any part of the Debtor's n	ame)
21a. ORGANIZATION'S NAME Afsharid dynasty			
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
21c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
	Iran		IR
22. ADDITIONAL SECURED PARTY'S NAME or ASSIC 22a. ORGANIZATION'S NAME	GNOR SECURED PARTY	'S NAME: Provide only <u>one</u> name (22a or 22b)	
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
22c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	S NAME: Provide only <u>one</u> name (23a or 23b)	I
23a. ORGANIZATION'S NAME			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
23c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
24. MISCELLANEOUS:			

N'S NAME ynasty SURNAME AL NAME ME(S)/INITIAL(S) STOR'S NAME: Provide only one Debto N'S NAME hasty SURNAME	r name (19a or 1		FFIX	Time of Filing : 0 File Number : 2 Lapse Date : N		
AL NAME ME(S)/INITIAL(S) BTOR'S NAME: Provide only <u>one</u> Debto N'S NAME NASTY	r name (19a or 1		FFIX			
ME(S)/INITIAL(S) BTOR'S NAME: Provide only <u>one</u> Debto N'S NAME NASTY	r name (19a or 1		FFIX			
BTOR'S NAME: Provide only <u>one</u> Debto N'S NAME NASTY	r name (19a or 1		FFIX			
n's name nasty	r name (19a or 1			THE ABOVE SPAC	E IS FOR FILING OFFICE	USE ONLY
nasty		9b) (use exact, ful	l name; do r			
		FIRST PERSON	AL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
		city Iran		STATE	POSTAL CODE	COUNTRY IR
BTOR'S NAME: Provide only one Debto	r name (20a or 2	1 10b) (use exact, fu	I name; do r	not omit, modify, or abbreviate	any part of the Debtor's name)
N'S NAME						
SURNAME		FIRST PERSON	AL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
1		city Iran		STATE	POSTAL CODE	COUNTRY IR
	r name (21a or 2	1b) (use exact, fu	l name; do r	not omit, modify, or abbreviate	any part of the Debtor's name)
SURNAME		FIRST PERSON	AL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
;		CITY		STATE	POSTAL CODE	COUNTRY
						IR
SECURED PARTY'S NAME OT		OR SECUREI) PARTY	'S NAME: Provide only one	name (22a or 22b)	
SURNAME		FIRST PERSON	AL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
5		СІТҮ		STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME or		OR SECURE	D PARTY	S NAME: Provide only one	name (23a or 23b)	
N'S NAME						
SURNAME		FIRST PERSON	AL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
		CITY		STATE	POSTAL CODE	COUNTRY
	BTOR'S NAME: Provide only one Debto	BTOR'S NAME: Provide only one Debtor name (20a or 2 VIS NAME Dasty SURNAME BTOR'S NAME: Provide only one Debtor name (21a or 2 VIS NAME BTOR'S NAME SURNAME SURNAME SURN	Iran BTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, fully NS NAME masty FIRST PERSON. SURNAME FIRST PERSON. CITY Iran BTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, fully NS NAME BTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, fully NS NAME BTOR'S NAME: FIRST PERSON. STOR'S NAME: FIRST PERSON. CITY Iran SURNAME FIRST PERSON. SURNAME FIRST PERSON.	Iran BTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do in the start of the sta	Iran BTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate NAME NAME PIRST PERSONAL NAME ADDIT CITY STOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate VS NAME BTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate VS NAME d dynasty SURNAME FIRST PERSONAL NAME ADDIT CITY STATE Iran SURNAME FIRST PERSONAL NAME ADDIT CITY STATE Iran SURNAME FIRST PERSONAL NAME SURNAME GITY STATE SURNAME SURNAME FIRST PERSONAL NAME ADDIT CITY SURNAME SURNAME FIRST PERSONAL NAME SURNAME SURNAME GITY	Iran Additional state BTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name vis NAME SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE Iran ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE Iran STATE POSTAL CODE Iran STATE POSTAL CODE Iran STATE POSTAL CODE Iran ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE Iran SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE Iran STATE SURNAME FIRST PERSONAL NAME SURNAME CITY STATE POSTAL CODE SURNAME FIRST PERSONAL NAME SURNAME FIRST PERSONAL NAME SURNAME CITY SURNAME CITY SURNAM

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Finan because Individual Debtor name did not fit, check here 	cing Statement; i	f line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty			Time of Filing : File Number : Lapse Date :		
OR 18b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPAC	E IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debto	r name (19a or 1	9b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Iraqi Constitutional Monarchy			, , , , , , , , , , , , , , , , , , , ,		-,
OR 19b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS		CITY Iraq	STAT	E POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debto	r name (20a or 2	0b) (use exact full name: dou	not omit modify or abbreviat	e any part of the Debtor's nam	e)
20a. ORGANIZATION'S NAME				part of allo Dobior o hall	-,
Kingdom of Iraq (1932–58)					
OR 20b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS		сіту Iraq	STAT	E POSTAL CODE	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debto	r name (21a or 2	1b) (use exact, full name; do r	not omit, modify, or abbreviat	e any part of the Debtor's nam	e)
21a. ORGANIZATION'S NAME					
Imperial House of Japan - Also know	wn as the	Yamato Dynasty			
OR 21b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADD	TIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		CITY	STAT	E POSTAL CODE	COUNTRY
		Japan			JP
22. ADDITIONAL SECURED PARTY'S NAME or		OR SECURED PARTY	"S NAME: Provide only on	e name (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	STAT	E POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or		DR SECURED PARTY	"S NAME: Provide only on	e name (23a or 23b)	
23a. ORGANIZATION'S NAME					
OR 23b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADD	TIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	STAT	E POSTAL CODE	COUNTRY
24. MISCELLANEOUS:					

t	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here	ent; if line 1b was left blank	Date of Fili Time of Fil			
	18a. ORGANIZATION'S NAME Zayyanid dynasty			er : 20	.57.00 AM 17-318-6392-0 DNE	
DR	18b. INDIVIDUAL'S SURNAME					
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		E SPACE	IS FOR FILING OFFICE	
9.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact, full name				JOE ONET
	19a. ORGANIZATION'S NAME Kingdom of Iraq (1932–58)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
)R	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
9c.	MAILING ADDRESS	city Jordan		STATE	POSTAL CODE	
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name	; do not omit, modify, or a	abbreviate a	ny part of the Debtor's name)	
	20a. ORGANIZATION'S NAME Goguryeo Kingdom					
R	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
0c.	MAILING ADDRESS	city Korea		STATE	POSTAL CODE	COUNTRY KP
1.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name	; do not omit, modify, or a	bbreviate a	ny part of the Debtor's name)	
	21a. ORGANIZATION'S NAME Baekje Kingdom					
DR			MF			
	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA			DNAL NAME(S)/INITIAL(S)	SUFFIX
	21b. INDIVIDUAL'S SURNAME MAILING ADDRESS	CITY		STATE	POSTAL CODE	SUFFIX COUNTRY KP
1c.	MAILING ADDRESS	city Korea		STATE	POSTAL CODE	COUNTRY
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1c.	MAILING ADDRESS	city Korea	RTY'S NAME: Provide	STATE	POSTAL CODE	COUNTRY
1c. 2.	MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME or ASSIC	CITY Korea GNOR SECURED PAI	RTY'S NAME: Provide	STATE	POSTAL CODE ame (22a or 22b)	COUNTRY KP
1c. 2.	MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME or ASSIC 22a. ORGANIZATION'S NAME 22b. INDIVIDUAL'S SURNAME MAILING ADDRESS	CITY Korea GNOR SECURED PAI	RTY'S NAME: Provide	ADDITIC STATE	POSTAL CODE ame (22a or 22b) PNAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY KP SUFFIX
1c. 2.	MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME or ASSIC 22a. ORGANIZATION'S NAME 22b. INDIVIDUAL'S SURNAME MAILING ADDRESS	CITY Korea GNOR SECURED PAI	RTY'S NAME: Provide	ADDITIC STATE	POSTAL CODE ame (22a or 22b) PNAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY KP SUFFIX
1c. 2.	MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME or ASSIC 22a. ORGANIZATION'S NAME 22b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME or ASSIC	CITY Korea GNOR SECURED PAI	RTY'S NAME: Provide ME RTY'S NAME: Provide	ADDITIC STATE	POSTAL CODE ame (22a or 22b) PNAL NAME(S)/INITIAL(S) POSTAL CODE	COUNTRY KP SUFFIX

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemo because Individual Debtor name did not fit, check here	ent; if line 1b was left blank	Date of Filing :			
18a. ORGANIZATION'S NAME Zayyanid dynasty		 Time of Filing : File Number Lapse Date 		7-318-6392-0	
OR 18b. INDIVIDUAL'S SURNAME		-			
FIRST PERSONAL NAME		-			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPA			
I I9. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	or 19b) (use exact, full name; do				
19a. ORGANIZATION'S NAME Silla Kingdom				·	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Korea	STA	TE	POSTAL CODE	COUNTRY KP
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name; do	not omit, modify, or abbrevi	ate any	part of the Debtor's name)	I
20a. ORGANIZATION'S NAME Unified Silla Kingdom					
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Korea	STA	ATE	POSTAL CODE	COUNTRY KR
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do	not omit, modify, or abbrevi	ate any	part of the Debtor's name)	
21a. ORGANIZATION'S NAME Goryeo dynasty					
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city Korea	STA	ATE	POSTAL CODE	COUNTRY KR
22. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY		ne nar	ae (22a or 22b)	
22a. ORGANIZATION'S NAME					
DR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STA	ATE	POSTAL CODE	COUNTRY
	GNOR SECURED PARTY	/'S NAME: Provide only <u>c</u>	one nam	ne (23a or 23b)	1
23a. ORGANIZATION'S NAME					
DR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	СІТҮ	STA	ATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:					

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemet because Individual Debtor name did not fit, check here	ent; if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty		- Time of Filing : (File Number : 2 - Lapse Date : N		
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		E IS FOR FILING OFFICE	
I I9. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	or 19b) (use exact, full name; do			
19a. ORGANIZATION'S NAME				
OR JOSEON DYNASTY	FIRST PERSONAL NAME			SUFFIX
190. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDI	IONAL NAME(S)/INITIAL(S)	SUFFIX
I9c. MAILING ADDRESS	city Korea	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a		not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Korean Empire		·····, ····; · · · · · · · · · · · · · ·		,
DR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Korea	STATE	POSTAL CODE	COUNTRY KR
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME Kingdom of Laos				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	TONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	E POSTAL CODE	COUNTRY
	Laos			LA
22. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	'S NAME: Provide only <u>one</u>	name (22a or 22b)	
DR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIG	GNOR SECURED PARTY	S NAME: Provide only one	name (23a or 23b)	
23a. ORGANIZATION'S NAME				
DR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:			1	

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stabecause Individual Debtor name did not fit, check here 	atement; if line 1b was left blank	Date of Filing : 11/		
18a. ORGANIZATION'S NAME Zayyanid dynasty		- Time of Filing : 02 File Number : 20 - Lapse Date : No	17-318-6392-0	
OR 18b. INDIVIDUAL'S SURNAME		_		
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	S FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	(19a or 19b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
19a. ORGANIZATION'S NAME Sigawang Vatthana Last king of Lass				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
		Abbille		
19c. MAILING ADDRESS		STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	(20a or 20b) (use exact, full name; do	not omit, modify, or abbreviate a	Iny part of the Debtor's name	
20a. ORGANIZATION'S NAME Mongol Empire			,	
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	сіту Mongolia	STATE	POSTAL CODE	COUNTRY MN
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	e (21a or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	y part of the Debtor's name)	
21a. ORGANIZATION'S NAME Konbaung Dynasty				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city Myanmar	STATE	POSTAL CODE	COUNTRY MM
22. ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECURED PARTY	SNAME: Provide only one n	ame (22a or 22b)	
22a. ORGANIZATION'S NAME		, <u> </u>		
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECURED PARTY	S NAME: Provide only one n	ame (23a or 23b)	•
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:	1		1	I

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financia because Individual Debtor name did not fit, check here	ng Statement; it	f line 1b was left blank	Date of Filing : Time of Filing			
18a. ORGANIZATION'S NAME Zayyanid dynasty			File Number	: 20		
OR 18b. INDIVIDUAL'S SURNAME			-			
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE SPA	ACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor	name (19a or 1	9b) (use exact, full name; do i				
^{19a.} ORGANIZATION'S NAME Thibaw Min - The last King of Burma	0					
OR 19b. INDIVIDUAL'S SURNAME	а	FIRST PERSONAL NAME	AD	DITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS		city Myanmar	ST/	ATE	POSTAL CODE	COUNTRY MM
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor	name (20a or 2	0b) (use exact, full name; do	not omit, modify, or abbrevi	iate a	Iny part of the Debtor's name)	
20a. ORGANIZATION'S NAME Gyanendra of Nepal - King of Nepal						
OR 20b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	AD	DITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS		сіту Nepal	ST	ATE	POSTAL CODE	country NP
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor	name (21a or 2	1b) (use exact, full name; do	not omit, modify, or abbrevi	ate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME Shah dynasty						
OR 21b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	AD	DITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		CITY Nepal	ST	ATE	POSTAL CODE	
22. ADDITIONAL SECURED PARTY'S NAME or		DR SECURED PARTY	S NAME: Provide only (one n	ame (22a or 22b)	
22a. ORGANIZATION'S NAME						
OR 22b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	AD	DITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS		CITY	ST/	ATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or	ASSIGN	DR SECURED PARTY	S NAME: Provide only	one n	ame (23a or 23b)	
23a. ORGANIZATION'S NAME						
OR 23b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	AD	DITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS		CITY	ST	ATE	POSTAL CODE	COUNTRY
23c. MAILING ADDRESS 24. MISCELLANEOUS:		СІТҮ	ST	ATE	POSTAL CODE	со

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here 	if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 0. File Number : 2 Lapse Date : N		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE		
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1	l 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME King of Saudi Arabia		,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Saudi Arabia	STATE	POSTAL CODE	COUNTRY SA
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	20b) (use exact, full name; do r	not omit, modify, or abbreviate	any part of the Debtor's name)	
20a. ORGANIZATION'S NAME House of Saud				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Saudi Arabia	STATE	POSTAL CODE	COUNTRY SA
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or :	21b) (use exact, full name; do r	not omit, modify, or abbreviate	any part of the Debtor's name)	
21a. ORGANIZATION'S NAME Monarchy of Thailand				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY Thailand	STATE	POSTAL CODE	COUNTRY TH
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	"S NAME: Provide only one	name (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED PARTY	"S NAME: Provide only one	name (23a or 23b)	1
		. —		
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				1

FOI	LLOW INSTRUCTIONS					
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here	ent; if line 1b was left blank	Date of Fil	ling : 11/	/14/2017	
	· L		Time of Fi	ling:02	:37:00 AM	
	18a. ORGANIZATION'S NAME Zayyanid dynasty		File Numb	er : 20	17-318-6392-0	
			Lapse Dat	e : N	ONE	
OR	18b. INDIVIDUAL'S SURNAME		_			
	FIRST PERSONAL NAME					
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	_			
			THE ABOV	E SPACE	IS FOR FILING OFFICE	USE ONLY
19.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact, full name;	do not omit, modify, or	abbreviate a	ny part of the Debtor's name)	
	19a. ORGANIZATION'S NAME House of Al-Falasi					
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
19c.	MAILING ADDRESS	CITY United Arab	Emirates	STATE	POSTAL CODE	
20	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a			abbroviata a	ny port of the Debtor's pame	
20.	20a. ORGANIZATION'S NAME	t of 200) (use exact, full hame,	do not omit, modily, of		ny part of the Debtor's hame,	
~ ~	Al Nahyan family					
OR	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
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		United Arab	Emirates			AE
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name;	do not omit, modify, or	abbreviate a	ny part of the Debtor's name)	
	21a. ORGANIZATION'S NAME Al Qasimi					
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
21c.	MAILING ADDRESS	CITY	-	STATE	POSTAL CODE	COUNTRY
		United Arab	Emirates			AE
22.		GNOR SECURED PAR	RTY'S NAME: Provid	e only <u>one</u> n	ame (22a or 22b)	
	22a. ORGANIZATION'S NAME					
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	IE	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
22c.	. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
23.		GNOR SECURED PAR	TY'S NAME: Provid	e only <u>one</u> n	ame (23a or 23b)	
	23a. ORGANIZATION'S NAME					
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
230	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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24.	MISCELLANEOUS:	1		1	1	1

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Ibb. ORGANIZATION'S NAME File Number : 2017-318-6392-0 Jaysen Date : NONE	t,						
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18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemeters because Individual Debtor name did not fit, check here	ent; if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty		- Time of Filing : (File Number : 2 - Lapse Date : N		
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OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
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20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
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ne (20a or 20b) (us	se exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name	.)	
FIRS	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
сіту Ве	larus	STATE	POSTAL CODE	COUNTRY BY	
me (21a or 21b) (us	se exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)	
FIRS	T PERSONAL NAME	ADDIT	ADDITIONAL NAME(S)/INITIAL(S)		
CITY		STATE	POSTAL CODE	COUNTRY	
Be	larus			BY	
ASSIGNOR S	ECURED PART	Y'S NAME: Provide only one	name (22a or 22b)		
FIRS	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		
CITY		STATE	POSTAL CODE	COUNTRY	
ASSIGNOR S	ECURED PART	Y'S NAME: Provide only one	name (23a or 23b)		
FIRS	T PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX	
	ne (19a or 19b) (us FIRS' CITY Be me (20a or 20b) (us FIRS' CITY Be ne (21a or 21b) (us FIRS' CITY Be ASSIGNOR S FIRS' CITY	SUFFIX ne (19a or 19b) (use exact, full name; do FIRST PERSONAL NAME CITY Belarus ne (20a or 20b) (use exact, full name; do FIRST PERSONAL NAME CITY Belarus ne (21a or 21b) (use exact, full name; do FIRST PERSONAL NAME CITY Belarus ASSIGNOR SECURED PARTY FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY	SUFFIX Time of Filing : 0 File Number : 2 Lapse Date : N SUFFIX THE ABOVE SPACE ne (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate ADDITI CITY STATE Belarus ADDITI CITY STATE CITY STATE Belarus ADDITI <	Date of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE ne (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE Belarus ADDITIONAL NAME(S)/INITIAL(S) ne (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) OITY STATE POSTAL CODE Belarus adDITIONAL NAME(S)/INITIAL(S) ne (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE Belarus ADDITIONAL NAME(S)/INITIAL(S) TATE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b) ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) Belarus ADDITIONAL NAME(S)/INITIAL(S)	

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here 	if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty	Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE			
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACI	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1	9b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Dringinglity of Vitabal				
OR Principality of Vitebsk	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
19c. MAILING ADDRESS	CITY Belarus		POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2	20b) (use exact, full name; do i	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Monarchy of Belgium				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
20c. MAILING ADDRESS	CITY Belgium	STATE	POSTAL CODE	COUNTRY BE
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name; do r	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME First Bulgarian Empire				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ADDITIONAL NAME(S)/INITIAL(S)	
21c. MAILING ADDRESS	city Bulgaria	STATE	POSTAL CODE	
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY			D 0
222 ADDITIONAL SECORED FARTES NAME 01 ASSIGN	OR SECORED PARTY	S NAME. Provide only one	name (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ADDITIONAL NAME(S)/INITIAL(S)	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	SNAME: Provide only one	name (23a or 23b)	I
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here 	nt; if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty	Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE			
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE		
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME				
OR Second Bulgarian Empire				
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Bulgaria	STATE	POSTAL CODE	COUNTRY
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	8	not omit, modify, or abbreviate	any part of the Debtor's name	
20a. ORGANIZATION'S NAME Kingdom of Bulgaria		,		,
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	сіту Bulgaria	STATE	POSTAL CODE	COUNTRY BG
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME Pulgarian royal family				
OR Bulgarian royal family	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Bulgaria	01/112		BG
22. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	"S NAME: Provide only one	name (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	"S NAME: Provide only one	name (23a or 23b)	1
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	; if line 1b was left blank	Date of Filing : 1 Time of Filing : 0		
18a. ORGANIZATION'S NAME Zayyanid dynasty		File Number :		
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPAC	E IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, full name; do r	not omit, modify, or abbreviate	e any part of the Debtor's name)
19a. ORGANIZATION'S NAME Monarchy of Denmark				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Denmark	STAT	E POSTAL CODE	COUNTRY DK
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	20b) (use exact, full name; do	not omit, modify, or abbreviat	e any part of the Debtor's name	
20a. ORGANIZATION'S NAME Grand Duchy of Finland				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Finland	STAT	E POSTAL CODE	COUNTRY FI
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exact, full name; do	not omit, modify, or abbreviat	e any part of the Debtor's name	:)
21a. ORGANIZATION'S NAME Kingdom of France				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city France	STAT	E POSTAL CODE	COUNTRY FR
		//o		ГК
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN 22a. ORGANIZATION'S NAME	NOR SECURED PARTY	"S NAME: Provide only on	<u>a</u> name (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY	"S NAME: Provide only on	<u>e</u> name (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing State because Individual Debtor name did not fit, check here	ement; if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty		 Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 		
OR 18b. INDIVIDUAL'S SURNAME		_		
FIRST PERSONAL NAME		_		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		E IS FOR FILING OFFICE	
9. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (1	l 19a or 19b) (use exact, full name; do			
19a. ORGANIZATION'S NAME Bagrationi dynasty		, , , , , , , , , , , , , , , , , , , ,	.,,,	
DR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Georgia	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	20a or 20b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME				
Kingdom of Georgia				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
00c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Georgia			GE
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (2	21a or 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME Wilhelm II, German Emperor				
DR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Germany			DE
	SIGNOR SECURED PART	Y'S NAME: Provide only one	name (22a or 22b)	
22a. ORGANIZATION'S NAME				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or AS	SIGNOR SECURED PART		name (23a or 23b)	
23a. ORGANIZATION'S NAME				
DR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
I3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here 	ent; if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zavvanid dynasty File Numb		Time of Filing : 02 File Number : 20 Lapse Date : N		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Kingdom of Hungary				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Hungary	STATE	POSTAL CODE	COUNTRY HU
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name; do i	not omit, modify, or abbreviate a	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Kingdom of Italy				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Italy	STATE	POSTAL CODE	COUNTRY IT
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do i	not omit, modify, or abbreviate a	any part of the Debtor's name))
21a. ORGANIZATION'S NAME House of Savoy				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY Italy	STATE	POSTAL CODE	COUNTRY
	·			11
22. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	'S NAME: Provide only one r	name (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	"S NAME: Provide only one r	name (23a or 23b)	1
23a. ORGANIZATION'S NAME			. ,	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here	t; if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : (File Number : Lapse Date :]		
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		E IS FOR FILING OFFICE	
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a o	r 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME				<u>.</u>
OR 19b. INDIVIDUAL'S SURNAME				
196. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Liechtenstein	STAT	E POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a c		not omit. modify. or abbreviat	any part of the Debtor's name	e)
20a. ORGANIZATION'S NAME				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	IONAL NAME(S)/INITIAL(S)	SUFFIX
			- (-). (-)	
20c. MAILING ADDRESS	city Lithuania	STAT	E POSTAL CODE	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a o	r 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name	e)
21a. ORGANIZATION'S NAME Kingdom of Lithuania				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	IONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
	Lithuania			LT
22. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	"S NAME: Provide only one	name (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
23. 🗌 ADDITIONAL SECURED PARTY'S NAME or 🗌 ASSIG	NOR SECURED PARTY	"S NAME: Provide only one	name (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here 	ent; if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE		
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		E IS FOR FILING OFFICE	
I I9. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	or 19b) (use exact, full name; do			
19a. ORGANIZATION'S NAME Prince of Monaco				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Monaco	STAT	E POSTAL CODE	COUNTRY MC
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name; do	not omit, modify, or abbreviat	e any part of the Debtor's name)
20a. ORGANIZATION'S NAME				
Promotion of the Monegasque Family				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Monaco	STAT	E POSTAL CODE	COUNTRY MC
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do	not omit, modify, or abbreviat	e any part of the Debtor's name)
21a. ORGANIZATION'S NAME				
Principality of Moldavia	FIRST PERSONAL NAME			SUFFIX
21D. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME		TIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
	Moldova			MD
22. ADDITIONAL SECURED PARTY'S NAME or ASSIC 22a. ORGANIZATION'S NAME	GNOR SECURED PARTY	''S NAME: Provide only on	e name (22a or 22b)	
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	S NAME: Provide only on	a name (23a or 23b)	1
23a. ORGANIZATION'S NAME				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here 	if line 1b was left blank	Date of Filing : 11/		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02 File Number : 20 Lapse Date : No	17-318-6392-0	
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME				
OR 19b. INDIVIDUAL'S SURNAME				
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Netherlands	STATE	POSTAL CODE	COUNTRY NL
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	20b) (use exact, full name; do r	not omit, modify, or abbreviate a	Inv part of the Debtor's name)	
20a. ORGANIZATION'S NAME House of Orange-Nassau		,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Netherlands	STATE	POSTAL CODE	COUNTRY NL
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME Monarchy of Norway				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city Norway	STATE	POSTAL CODE	
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN		"S NAME: Provide only <u>one</u> n	ame (22a or 22b)	
22a. ORGANIZATION'S NAME		, <u></u> _		
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED PARTY	"S NAME: Provide only one n	ame (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:			I	

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here 	; if line 1b was left blank	Date of Filing : 1 Time of Filing :		
18a. ORGANIZATION'S NAME Zayyanid dynasty		File Number : 2017-318-6392-0 Lapse Date : NONE		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME		-		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPAC	E IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, full name; do i			
^{19a.} ORGANIZATION'S NAME Grand-Duchy of Luxembourg				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Luxembourg	STAT	E POSTAL CODE	COUNTRY LU
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	· 20b) (use exact, full name; do	not omit, modify, or abbreviat	e any part of the Debtor's name)
20a. ORGANIZATION'S NAME Congress Poland				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Poland	STAT	E POSTAL CODE	COUNTRY PL
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exact, full name; do	not omit, modify, or abbreviat	e any part of the Debtor's name)
21a. ORGANIZATION'S NAME Kingdom of Poland (1385–1569)				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city Poland	STAT	E POSTAL CODE	
		-		PL
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN 22a. ORGANIZATION'S NAME	NOR SECURED PARTY	"S NAME: Provide only <u>on</u>	<u>e</u> name (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	"S NAME: Provide only on	<u>e</u> name (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

FOLLOW INSTRUCTIONS				
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	Date of Filing : 11/14/2017		
		Time of Filing : 02	:37:00 AM	
18a. ORGANIZATION'S NAME Zayyanid dynasty		File Number : 20	17-318-6392-0	
		Lapse Date : N	ONE	
OR				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
		THE ABOVE SPACE	IS FOR FILING OFFICE	JSE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, full name; do n	ot omit, modify, or abbreviate a	ny part of the Debtor's name)	
19a. ORGANIZATION'S NAME House of Braganza				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
				SOLLIX
19c. MAILING ADDRESS	CITY Portugal	STATE	POSTAL CODE	
	Portugai			FI
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	20b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
20a. ORGANIZATION'S NAME Kingdom of Portugal				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	ADDITIONAL NAME(S)/INITIAL(S)	
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Portugal			РТ
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME Monarchy of the North				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Portugal			РТ
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	'S NAME: Provide only one na	ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED PARTY	S NAME: Provide only one na	ame (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
				200.1111
24. MISCELLANEOUS:	t	l	1	

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here 	ent; if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 0 File Number : 2 Lapse Date : N		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME				
OR 19b. INDIVIDUAL'S SURNAME				SUFFIX
190. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Romania	STATE	POSTAL CODE	COUNTRY RO
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Alexander II of Russia				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Russia	STATE	POSTAL CODE	COUNTRY RU
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do i	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME Alexander III of Russia				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ONAL NAME(S)/INITIAL(S)	SUFFIX
		1.0011	01012101012(0)/011012(0)	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Russia			RU
	GNOR SECURED PARTY	"S NAME: Provide only one	name (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	"S NAME: Provide only one	name (23a or 23b)	
23a. ORGANIZATION'S NAME		<u></u>		
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

Statement; if line 1	lb was left blank	Date of Filing : 11		
		File Number : 2017-318-6392-0 Lapse Date : NONE		
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ne (19a or 19b) (u	se exact, full name; do			
500				
FIRS	FI PERSONAL NAME	ADDITI	UNAL NAME(S)/INITIAL(S)	SUFFIX
		STATE	POSTAL CODE	
ne (20a or 20b) (u	se exact. full name: do	not omit, modify, or abbreviate	any part of the Debtor's name)
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FIRS	T PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
-		STATE	POSTAL CODE	COUNTRY RU
ne (21a or 21b) (u	se exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
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			0.0.12.10.0012(0),0010.012(0)	
CITY	,	STATE	POSTAL CODE	COUNTRY
Rı	issia			RU
ASSIGNOR S	SECURED PARTY	'S NAME: Provide only one	name (22a or 22b)	
FIRS	T PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
СІТҮ		STATE	POSTAL CODE	COUNTRY
ASSIGNOR S		SNAME: Provide only one	l name (23a or 23b)	
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FIRS	T PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
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 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here 	t; if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty			017-318-6392-0	
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPAC	E IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a o	r 19b) (use exact, full name; do i			
19a. ORGANIZATION'S NAME Nicholas II of Russia				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Russia	STATE	POSTAL CODE	COUNTRY RU
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a of	r 20b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Peter the Great				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Russia	STATE	POSTAL CODE	COUNTRY RU
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a of	or 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME				
OR Russian Empire	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Russia			RU
22. ADDITIONAL SECURED PARTY'S NAME Or ASSIG	NOR SECURED PARTY	"S NAME: Provide only one	name (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	"S NAME: Provide only one	name (23a or 23b)	1
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here 	f line 1b was left blank	Date of Filing :			
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE			
OR 18b. INDIVIDUAL'S SURNAME		-			
FIRST PERSONAL NAME		-			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPA	CE IS FOR FILING OFFICE		
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19	9b) (use exact, full name; do				
19a. ORGANIZATION'S NAME Tsardom of Russia				<u>.</u>	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	city Russia	STA	FE POSTAL CODE		
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20	0b) (use exact, full name; do	not omit, modify, or abbrevia	te any part of the Debtor's nam	e)	
20a. ORGANIZATION'S NAME					
Alexander, Crown Prince of Yugoslavia[1			1	
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	CITY Serbia	STA ⁻	TE POSTAL CODE	COUNTRY RS	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	1b) (use exact, full name; do	not omit, modify, or abbrevia	te any part of the Debtor's nam	e)	
21a. ORGANIZATION'S NAME Karadordevic dynasty					
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	city Serbia	STA	TE POSTAL CODE		
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	DR SECURED PARTY	''S NAME: Provide only or	ne name (22a or 22b)		
22a. ORGANIZATION'S NAME					
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STA	FE POSTAL CODE	COUNTRY	
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	DR SECURED PARTY	'S NAME: Provide only or	ne name (23a or 23b)		
23a. ORGANIZATION'S NAME					
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADD	ITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNTRY	
24. MISCELLANEOUS:	1		1		

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SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
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SONAL NAME		NAL NAME(3)/INTTAL(3)	SUFFIX	
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ct. full name: do not c	mit. modify. or abbreviate a	v part of the Debtor's name)		
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SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
	STATE	POSTAL CODE	COUNTRY	
i			RS	
RED PARTY'S N	NAME: Provide only one na	ame (22a or 22b)		
SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
	STATE	POSTAL CODE	COUNTRY	
RED PARTY'S N	NAME: Provide only <u>o</u> ne na	1 ame (23a or 23b)		
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	STATE	POSTAL CODE	COUNTRY	
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18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 18a. ORGANIZATION'S NAME Zayyanid dynasty		Date of Filing : 11/14/2017 Time of Filing : 02:37:00 AM		
		Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	
I I9. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	or 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Ottoman Dynasty				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
I9c. MAILING ADDRESS	city Turkey	STATE	POSTAL CODE	COUNTRY TR
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a		not omit, modify, or abbreviate a	l nv part of the Debtor's name)	
20a. ORGANIZATION'S NAME Kievan Rus		···· , ··· , ··· .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Ukraine	STATE	POSTAL CODE	COUNTRY
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name)	I
21a. ORGANIZATION'S NAME Kingdom of Galicia–Volhynia				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		STATE	POSTAL CODE	COUNTRY
	Ukraine			UA
22. ADDITIONAL SECURED PARTY'S NAME Or ASSIC 22a. ORGANIZATION'S NAME	GNOR SECURED PARTY	"S NAME: Provide only <u>one</u> n	ame (22a or 22b)	
DR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	GNOR SECURED PARTY	"S NAME: Provide only <u>one</u> na	ame (23a or 23b)	I
23a. ORGANIZATION'S NAME				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

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STATE		
	POSTAL CODE	
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modify, or appreviate a	any part of the Debtor's name)	
ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
STATE	POSTAL CODE	COUNTRY GB
modify, or abbreviate a	any part of the Debtor's name)	
ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
STATE	POSTAL CODE	
	(GD
/IE: Provide only <u>one</u> n	ame (22a or 22b)	
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STATE	POSTAL CODE	COUNTRY
I /IE: Provide only <u>one</u> n	l name (23a or 23b)	
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	ADDITIC ADDITIC ADDITIC ADDITIC ADDITIC ADDITIC STATE ADDITIC ADDITIC ADDITIC	modify, or abbreviate any part of the Debtor's name) ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE ME: Provide only one name (23a or 23b) ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S)

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here	ent; if line 1b was left blank	Date of Filing :			
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE			
OR 18b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME		-			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			FOR FILING OFFICE (
I I9. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	or 19b) (use exact, full name; do				JSE UNL I
19a. ORGANIZATION'S NAME House of Lancaster					
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITIONA	L NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY England	STA	TE P	OSTAL CODE	COUNTRY GB
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name; do	not omit, modify, or abbrevi	ate any p	part of the Debtor's name)	
20a. ORGANIZATION'S NAME House of Plantagenet				·	
DR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITIONA	L NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY England	STA	TE P	OSTAL CODE	COUNTRY GB
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do	not omit, modify, or abbrevi	ate any p	part of the Debtor's name)	
21a. ORGANIZATION'S NAME House of York					
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITIONA	L NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY England	STA	TE P	OSTAL CODE	COUNTRY GB
	GNOR SECURED PARTY	SNAME: Brovido oply o		2 (222 or 22b)	02
22a. ORGANIZATION'S NAME			<u>ine</u> name		
DR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITIONA	L NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STA	TE P	OSTAL CODE	COUNTRY
	GNOR SECURED PARTY	SNAME: Provide only o	ne name	e (23a or 23b)	1
23a. ORGANIZATION'S NAME					
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITIONA	L NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STA	TE P	OSTAL CODE	COUNTRY
24. MISCELLANEOUS:					

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemy because Individual Debtor name did not fit, check here	ent; if line 1b was left blank	Date of Filing : 11			
18a. ORGANIZATION'S NAME Zayyanid dynasty		 Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 			
OR 18b. INDIVIDUAL'S SURNAME		-			
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		IS FOR FILING OFFICE		
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact. full name: do r				
19a. ORGANIZATION'S NAME House of Windsor			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	city England	STATE	POSTAL CODE	COUNTRY GB	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	a or 20b) (use exact, full name; do i	not omit, modify, or abbreviate a	ny part of the Debtor's name	1	
20a. ORGANIZATION'S NAME House of Tudor					
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	city England	STATE	POSTAL CODE	COUNTRY GB	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	a or 21b) (use exact, full name; do i	not omit, modify, or abbreviate a	ny part of the Debtor's name)	1	
21a. ORGANIZATION'S NAME Kingdom of England					
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	сіту England	STATE	POSTAL CODE	COUNTRY GB	
22. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY	"S NAME: Provide only one n	ame (22a or 22b)		
22a. ORGANIZATION'S NAME		·			
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
23. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY	S NAME: Provide only one n	ame (23a or 23b)	1	
		· —			
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
24. MISCELLANEOUS:					

FOLLOW INSTRUCTIONS								
18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here			Date of Filing : 11/14/2017					
					Time of Fili	ng : 02	:37:00 AM	
18a. ORGANIZATION'S NAME Zayyanid dynasty					File Numbe	r : 20	17-318-6392-0	
					Lapse Date	: NO	ONE	
OR 18b. INDIVIDUAL'S SURNAME								
FIRST PERSONAL NAME								
ADDITIONAL NAME(S)/INITIAL(S)		5	SUFFIX				
					THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME	Provide only one Debtor	name (19a or 1	9b) (use exact,	full name; do r	ot omit, modify, or ab	breviate a	ny part of the Debtor's name)	
19a. ORGANIZATION'S NAME								
OR Tudor dynasty								
OR 19b. INDIVIDUAL'S SURNAME			FIRST PERSC	ONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
			England	1				GB
20. ADDITIONAL DEBTOR'S NAME	E: Provide only one Debtor	name (20a or 2	20b) (use exact,	full name; do r	not omit, modify, or al	obreviate a	ny part of the Debtor's name)	
20a. ORGANIZATION'S NAME Guardian of Scotland	l							
OR 20b. INDIVIDUAL'S SURNAME			FIRST PERSC	ONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
20c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
			Scotlan	d				SH
21. ADDITIONAL DEBTOR'S NAME	E: Provide only one Debtor	name (21a or 2	21b) (use exact,	full name; do r	not omit, modify, or at	breviate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME								
OR House of Stuart			-					
21b. INDIVIDUAL'S SURNAME			FIRST PERSC	ONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
			Scotlan	d				SH
22. ADDITIONAL SECURED PA	ARTY'S NAME or	ASSIGN	OR SECURI	ED PARTY	S NAME: Provide	only <u>one</u> n	ame (22a or 22b)	
22a. ORGANIZATION'S NAME								
OR 22b. INDIVIDUAL'S SURNAME			FIRST PERSC	NAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PA	ARTY'S NAME or				S NAME: Provide			
23a. ORGANIZATION'S NAME				LUTART	O NAME. FIOME	only <u>one</u> n		
23b. INDIVIDUAL'S SURNAME			FIRST PERSC	JNAL NAME			NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:								

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here 	; if line 1b was left blank	Date of Filing :			
18a. ORGANIZATION'S NAME Zayyanid dynasty		 Time of Filing: 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 			
OR 18b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME		-			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPA	ACE IS	FOR FILING OFFICE U	ISE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or	19b) (use exact, full name; do r				
19a. ORGANIZATION'S NAME Kingdom of Alba				·	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Scotland	STA	ATE I	POSTAL CODE	COUNTRY SH
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or	20b) (use exact, full name; do	not omit, modify, or abbrevi	ate any	part of the Debtor's name)	
20a. ORGANIZATION'S NAME Kingdom of Scotland				· · · ·	
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Scotland	STA	ATE I	POSTAL CODE	COUNTRY SH
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or	21b) (use exact, full name; do	not omit, modify, or abbrevi	ate any	part of the Debtor's name)	
21a. ORGANIZATION'S NAME King of Wales					
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY Wales	STA	ATE I	POSTAL CODE	COUNTRY SH
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY		one nam	ne (22a or 22b)	
22a. ORGANIZATION'S NAME					
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STA	ATE I	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	NOR SECURED PARTY	"S NAME: Provide only c	one nam	ne (23a or 23b)	
23a. ORGANIZATION'S NAME					
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADI	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	СІТҮ	STA	ATE I	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:					

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here 	t; if line 1b was left blank	Date of Filing : 11/			
18a. ORGANIZATION'S NAME Zayyanid dynasty		 Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 			
OR 18b. INDIVIDUAL'S SURNAME		-			
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE		
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a o	r 19b) (use exact, full name; do i				
19a. ORGANIZATION'S NAME Principality of Wales					
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	CITY Wales	STATE	POSTAL CODE	COUNTRY SH	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a o	r 20b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name		
20a. ORGANIZATION'S NAME Prince of Wales		<u> </u>			
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	CITY Wales	STATE	POSTAL CODE	COUNTRY SH	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a o	r 21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name)		
21a. ORGANIZATION'S NAME Royal House of Spain					
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	сіту Spain	STATE	POSTAL CODE	COUNTRY ES	
22. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	"S NAME: Provide only one n	ame (22a or 22b)		
22a. ORGANIZATION'S NAME					
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
23. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	"S NAME: Provide only one n	ame (23a or 23b)		
23a. ORGANIZATION'S NAME		· —			
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
24. MISCELLANEOUS:					

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here 	f line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02 File Number : 2 Lapse Date : N		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE		
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1)	9b) (use exact, full name; do n			
19a. ORGANIZATION'S NAME				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Andorra	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2		not omit, modify, or abbreviate	any part of the Debtor's name)	
20a. ORGANIZATION'S NAME		, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			SUFFIX
200. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Andorra	STATE	POSTAL CODE	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	1 1b) (use exact, full name; do r	not omit, modify, or abbreviate	any part of the Debtor's name)	,
21a. ORGANIZATION'S NAME Crown of Aragon				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY Argentina	STATE	POSTAL CODE	COUNTRY AR
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	'S NAME: Provide only one	name (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	DR SECURED PARTY	S NAME: Provide only one	name (23a or 23b)	
23a. ORGANIZATION'S NAME		,	. /	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here 	ent; if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty		 Time of Filing : 02 File Number : 24 Lapse Date : N 		
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		_		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		IS FOR FILING OFFICE	
I 19. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	a or 19b) (use exact, full name: do			
19a. ORGANIZATION'S NAME Kingdom of Aragon				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Argentina	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	a or 20b) (use exact, full name; do	not omit, modify, or abbreviate a	any part of the Debtor's name))
20a. ORGANIZATION'S NAME Kingdom of Asturias				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Asturias	STATE	POSTAL CODE	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a 21a. ORGANIZATION'S NAME	a or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	any part of the Debtor's name)	•
Prince of Asturias				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		DNAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY Asturias	STATE	POSTAL CODE	COUNTRY AR
22. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PART	Y'S NAME: Provide only one r	ame (22a or 22b)	
22a. ORGANIZATION'S NAME		·		
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	GNOR SECURED PART	ا Y'S NAME: Provide only <u>one</u> r	l ame (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here 	ent; if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02 File Number : 20 Lapse Date : N		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Count of Barcelona			,	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Catalonia	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name; do i	not omit, modify, or abbreviate a	any part of the Debtor's name)
20a. ORGANIZATION'S NAME				
County of Barcelona				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		DNAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Catalonia	STATE	POSTAL CODE	COUNTRY ES
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do i	not omit, modify, or abbreviate a	ny part of the Debtor's name))
21a. ORGANIZATION'S NAME House of Barcelona				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city Catalonia	STATE	POSTAL CODE	COUNTRY ES
22. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY		ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY	"S NAME: Provide only one n	ame (23a or 23b)	1
23a. ORGANIZATION'S NAME		, <u></u> .	/	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme because Individual Debtor name did not fit, check here 	ent; if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty	Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE			
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	or 19b) (use exact, full name; do r			
19a. ORGANIZATION'S NAME Principality of Catalonia				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Catalonia	STATE	POSTAL CODE	COUNTRY ES
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	or 20b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Crown of Castile				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Castile	STATE	POSTAL CODE	COUNTRY KH
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	or 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
21a. ORGANIZATION'S NAME Kingdom of Castile				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY Castile	STATE	POSTAL CODE	COUNTRY KH
				IX11
22. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	S NAME: Provide only one i	name (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIC	GNOR SECURED PARTY	"S NAME: Provide only one i	name (23a or 23b)	1
23a. ORGANIZATION'S NAME			. ,	
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here 	nent; if line 1b was left blank	Date of Filir				
18a. ORGANIZATION'S NAME Zayyanid dynasty			 Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 			
OR 18b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME		_				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		SDACE	IS FOR FILING OFFICE		
1 19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19)	a or 19b) (use exact, full name:				USE ONLI	
19a. ORGANIZATION'S NAME Kingdom of Galicia		,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	CITY Galicia		STATE	POSTAL CODE	COUNTRY GA	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20	a or 20b) (use exact, full name	do not omit, modify, or ab	breviate a	I ny part of the Debtor's name)		
20a. ORGANIZATION'S NAME Kingdom of León						
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	city León		STATE	POSTAL CODE	COUNTRY LA	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21	a or 21b) (use exact, full name	do not omit, modify, or ab	breviate a	hy part of the Debtor's name)		
21a. ORGANIZATION'S NAME Kingdom of Majorca						
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	сіту Majorca		STATE	POSTAL CODE		
22. ADDITIONAL SECURED PARTY'S NAME or ASS	IGNOR SECURED PAR		nly one n	ame (22a or 22b)	1	
22a. ORGANIZATION'S NAME			<u>one</u> n			
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
		RTY'S NAME: Provide of	only <u>one</u> n	ame (23a or 23b)		
23a. ORGANIZATION'S NAME						
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	1E	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
24. MISCELLANEOUS:						

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here 	Date of Filing : 11/14/2017			
182. ORGANIZATION'S NAME Zayyanid dynasty	 Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 			
OR 18b. INDIVIDUAL'S SURNAME		-		
FIRST PERSONAL NAME		_		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		IS FOR FILING OFFICE	
I I9. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	or 19b) (use exact, full name; do			
19a. ORGANIZATION'S NAME Duchy of Cantabria			,	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Cantabria	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	a or 20b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Taifa of Murcia				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Murcia	STATE	POSTAL CODE	COUNTRY MO
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	a or 21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name))
21a. ORGANIZATION'S NAME				
DR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	Navarre	02		NA
22. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PARTY	''S NAME: Provide only one i	name (22a or 22b)	
22a. ORGANIZATION'S NAME				
DR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	GNOR SECURED PARTY	SNAME: Provide only one	l name (23a or 23b)	
23a. ORGANIZATION'S NAME				
			ONAL NAME(S)/INITIAL(S)	SUFFIX
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	JNAL NAME(3)/INITIAL(3)	
OR 23b. INDIVIDUAL'S SURNAME 23c. MAILING ADDRESS	FIRST PERSONAL NAME	ADDITI STATE		COUNTRY

AME OF FIRST DEBTOR: Same as line 1a or 1b on Finand cause Individual Debtor name did not fit, check here	cing Statement; if	line 1b was left blank				
18a. ORGANIZATION'S NAME Zayyanid dynasty			 Time of Filing: 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 			
8b. INDIVIDUAL'S SURNAME			_			
FIRST PERSONAL NAME			_			
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		SPACE	IS FOR FILING OFFICE	
DDITIONAL DEBTOR'S NAME: Provide only one Debto	name (19a or 19) (use exact, full name; do				
9a. ORGANIZATION'S NAME	-					
96. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS		CITY Antigua and Ba	rbuda	STATE	POSTAL CODE	
	r name (20a or 2	5		breviate a	l nv part of the Debtor's name))
0a. ORGANIZATION'S NAME					,	·
•						
05. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS		сіту Bahamas		STATE	POSTAL CODE	
	r name (21a or 2		not omit, modify, or ab	l breviate a	v part of the Debtor's name)	
1a. ORGANIZATION'S NAME Monarchy of Barbados	X				,	
1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
AAILING ADDRESS		CITY Barbados		STATE	POSTAL CODE	
ADDITIONAL SECURED PARTY'S NAME or	ASSIGN	DR SECURED PARTY	'S NAME: Provide of	only <u>one</u> n	ame (22a or 22b)	
Za. ORGANIZATION'S NAME	-					
26. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS		СІТҮ		STATE	POSTAL CODE	COUNTRY
	ASSIGNO	CR SECURED PARTY		only one n	ame (23a or 23b)	
3a. ORGANIZATION'S NAME				, <u>5110</u> 11		
3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
	cause Individual Debtor name did not fit, check here	cause Individual Debtor name did not fit, check here Ba. ORGANIZATION'S NAME Zayyanid dynasty Bb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19 DITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19 Da. ORGANIZATION'S NAME Monarchy of Antigua and Barbuda Bb. INDIVIDUAL'S SURNAME MAILING ADDRESS DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2 Da. ORGANIZATION'S NAME MOnarchy of the Bahamas Db. INDIVIDUAL'S SURNAME MAILING ADDRESS DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2 Da. ORGANIZATION'S NAME MAILING ADDRESS DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 Ta. ORGANIZATION'S NAME MAILING ADDRESS DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 Ta. ORGANIZATION'S NAME MAILING ADDRESS DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 Ta. ORGANIZATION'S NAME MAILING ADDRESS DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 Ta. ORGANIZATION'S NAME MAILING ADDRESS DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 Ta. ORGANIZATION'S NAME MAILING ADDRESS DDITIONAL SECURED PARTY'S NAME or ASSIGNCE ADDITIONAL SECURED PARTY'S NAME or ASSIGNCE AAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME or ASSIGNCE AAILING ADDRESS	BB. ORGANIZATION'S NAME Zayyanid dynasty Bb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do ga. ORGANIZATION'S NAME Vionarchy of Antigua and Barbuda Bb. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME CITY Antigua and Ba DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do ga. ORGANIZATION'S NAME Vionarchy of the Bahamas DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do ga. ORGANIZATION'S NAME Vionarchy of the Bahamas DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do ga. ORGANIZATION'S NAME Vionarchy of the Bahamas DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do ta. ORGANIZATION'S NAME Vionarchy of Barbados DDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do ta. ORGANIZATION'S NAME ANALLY SURNAME FIRST PERSONAL NAME ODITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do ta. 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ORGANIZATION'S NAME Cayyanid dynasty Sa. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME THE ABOVE SPACE I DDITIONAL DEBTOR'S NAME: Provide only gos Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate ar a. ORGANIZATION'S NAME Provide only gos Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate ar ab. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME CITY Antigua and Barbuda Bo. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME CITY Antigua and Barbuda DDITIONAL DEBTOR'S NAME: Provide only gos Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate ar ab. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME DDITIONAL DEBTOR'S NAME: Provide only gos Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate ar ba. ORGANIZATION'S NAME FIRST PERSONAL NAME FIRST PERSONAL NAME MOnarchy of the Bahamas bo. 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ORGANIZATION'S NAME MONARCHY Of NAME MONARCHY OF NAME: Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) a. ORGANIZATION'S NAME MONARCHY OF NAME: Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) a. ORGANIZATION'S NAME MONARCHY OF NAME: Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) a. ORGANIZATION'S NAME MONARCHY OF NAME: Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) a. ORGANIZATION'S NAME MONARCHY OF NAME: Provide only one Debtor name (20a or 20b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) a. ORGANIZATION'S NAME MONARCHY OF NAME: Provide only one Debtor name (21a or 21b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) MULING ADDRESS CITY STATE OSTAL CODE ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name) b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) MULING ADDRESS CITY STATE OSTAL CODE ADDITIONAL SURNAME ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL SECURED PARTY'S NAME: Provide only one name (21a or 22b) c. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL SURNAME ADDITIONAL NAME AD

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemer because Individual Debtor name did not fit, check here 	nt; if line 1b was left blank	Date of Filing : 11			
18a. ORGANIZATION'S NAME Zayyanid dynasty		 Time of Filing: 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 			
OR 18b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME		-			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY	
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a of	or 19b) (use exact, full name; do r				
19a. ORGANIZATION'S NAME Monarchy of Belize					
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	CITY Belize	STATE	POSTAL CODE		
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a of	or 20b) (use exact, full name; do	not omit, modify, or abbreviate :	any part of the Debtor's name)	
20a. ORGANIZATION'S NAME House of Braganza					
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	CITY Brazil	STATE	POSTAL CODE	COUNTRY BR	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a of	or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	any part of the Debtor's name)		
21a. ORGANIZATION'S NAME House of Orléans-Braganza					
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	city Brazil	STATE	POSTAL CODE		
22. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	''S NAME: Browide only one r	222 or 22b)		
22a. ORGANIZATION'S NAME		O NAME. Provide only one i			
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	DNAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
23. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	"S NAME: Provide only one r	name (23a or 23b)	1	
23a. ORGANIZATION'S NAME		, <u></u> .	/		
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
24. MISCELLANEOUS:					

18. NAME OF FIRST DEBTOR: Same		cing Statement; if	f line 1b was le	eft blank	Date of Filir	ng : 11/	14/2017	
because Individual Debtor name did not fit, check here			 Time of Filing: 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 					
OR 18b. INDIVIDUAL'S SURNAME								
FIRST PERSONAL NAME								
ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX		SBACE	IS FOR FILING OFFICE	
19. ADDITIONAL DEBTOR'S NAME:	Provide only one Debtor	name (19a or 19	9b) (use exact	, full name: do r				
19a. ORGANIZATION'S NAME Brazilian Imperial Fa	-		,	,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 19b. INDIVIDUAL'S SURNAME			FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS			сітү Brazil			STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME	· Provide only one Debtor	r name (20a or 2		t full name: do r	not omit modify or ab	breviate a	y part of the Debtor's name	
20a. ORGANIZATION'S NAME	. Thouse only one Debtor				not offit, modify, of all		iny part of the Debtor 3 hame	/
United Kingdom of Po	ortugal, Brazil	and the A	lgarves					
OR 20b. INDIVIDUAL'S SURNAME			FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS			city Brazil			STATE	POSTAL CODE	COUNTRY BR
21. ADDITIONAL DEBTOR'S NAME	Provide only one Debtor	r name (21a or 2	1b) (use exact	t, full name; do r	not omit, modify, or ab	breviate a	ny part of the Debtor's name)
21a. ORGANIZATION'S NAME Kingdom of Brazil								
OR 21b. INDIVIDUAL'S SURNAME			FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS			сіту Brazil			STATE	POSTAL CODE	COUNTRY BR
22. ADDITIONAL SECURED PA	RTY'S NAME or	ASSIGN		RED PARTY	'S NAME: Provide (only one na	ame (22a or 22b)	
22a. ORGANIZATION'S NAME						<u>, <u></u></u>		
OR 22b. INDIVIDUAL'S SURNAME			FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PA	RTY'S NAME or	ASSIGN		RED PARTY	'S NAME: Provide of	only one n	ame (23a or 23b)	1
23a. ORGANIZATION'S NAME	<u> </u>					<u>, <u></u></u>		
OR 23b. INDIVIDUAL'S SURNAME			FIRST PERS	ONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:			1			1	I	

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here 	ent; if line 1b was left blank	Date of Filing			
18a. ORGANIZATION'S NAME Zayyanid dynasty	Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE				
OR 18b. INDIVIDUAL'S SURNAME		_			
FIRST PERSONAL NAME		_			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE S		S FOR FILING OFFICE	
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a	a or 19b) (use exact, full name; d				
19a. ORGANIZATION'S NAME Empire of Brazil					
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Brazil	S	TATE	POSTAL CODE	COUNTRY BR
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a	a or 20b) (use exact, full name; c	lo not omit, modify, or abbre	eviate ar	y part of the Debtor's name)	
20a. ORGANIZATION'S NAME					
Monarquia Brasileira Isabel I of Brazil					
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Brazil	s	TATE	POSTAL CODE	COUNTRY BR
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a	a or 21b) (use exact, full name; c	o not omit, modify, or abbre	eviate ar	y part of the Debtor's name)	
21a. ORGANIZATION'S NAME Monarchist League of Canada					
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	s	TATE	POSTAL CODE	COUNTRY
	Canada]	BC		CAN
22. ADDITIONAL SECURED PARTY'S NAME <u>or</u> ASSI 22a. ORGANIZATION'S NAME	GNOR SECURED PART	Y'S NAME: Provide only	y <u>one</u> na	ame (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	S	TATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSI	GNOR SECURED PART	Y'S NAME: Provide only	/ <u>one</u> na	ame (23a or 23b)	
23a. ORGANIZATION'S NAME					
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	DDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	s	TATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				1	

 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statemen because Individual Debtor name did not fit, check here 18a. ORGANIZATION'S NAME 	Date of Filing : 11/14/2017 – Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0			
Zayyanid dynasty			ONE	
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a on	r 19b) (use exact, full name; do r	not omit, modify, or abbreviate	any part of the Debtor's name))
19a. ORGANIZATION'S NAME United Empire Loyalist				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY Canada	STATE BC	POSTAL CODE	COUNTRY
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a o	r 20b) (use exact full name: dou	not omit modify or abbreviate	any part of the Debtor's name)
20a. ORGANIZATION'S NAME Monarchy of Grenada				·
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY Grenada	STATE	POSTAL CODE	COUNTRY GD
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a o 21a. ORGANIZATION'S NAME	r 21b) (use exact, full name; do i	not omit, modify, or abbreviate	any part of the Debtor's name	1
Emperor Jacques I of Haiti				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS		STATE	POSTAL CODE	COUNTRY
	Haiti			HT
22. ADDITIONAL SECURED PARTY'S NAME or ASSIG 22a. ORGANIZATION'S NAME	NOR SECURED PARTY	"S NAME: Provide only one	name (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	"S NAME: Provide only one	name (23a or 23b)	
23a. ORGANIZATION'S NAME		·		
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

E SPACE bbreviate a ADDITIC ADDITIC	IST:00 AM 017-318-6392-0 ONE IS FOR FILING OFFICE ny part of the Debtor's name; DNAL NAME(S)/INITIAL(S) POSTAL CODE uny part of the Debtor's name; DNAL NAME(S)/INITIAL(S)	SUFFIX COUNTRY HT
ADDITIC	ny part of the Debtor's name) DNAL NAME(S)/INITIAL(S) POSTAL CODE iny part of the Debtor's name	SUFFIX COUNTRY HT
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bbreviate a	ny part of the Debtor's name)
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STATE	POSTAL CODE	COUNTRY
		HT
only <u>one</u> n	ame (22a or 22b)	
ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
STATE	POSTAL CODE	COUNTRY
	1	
only <u>one</u> n	ame (23a or 23b)	
only <u>one</u> n	ame (23a or 23b)	
	ame (23a or 23b) DNAL NAME(S)/INITIAL(S)	SUFFIX
	STATE	STATE POSTAL CODE

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	Date of Filing : 11		
18a. ORGANIZATION'S NAME Zayyanid dynasty	 Time of Filing: 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE 			
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1	19b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
19a. ORGANIZATION'S NAME Monarchy of Jamaica				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Jamaica	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2	20b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
20a. ORGANIZATION'S NAME Aztec Empire				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Mexico	STATE	POSTAL CODE	COUNTRY MX
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME Emperor of Mexico				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY Mexico	STATE	POSTAL CODE	COUNTRY MX
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	S NAME: Provide only one n	ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECURED PARTY	SNAME: Provide only <u>one</u> n	ame (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	Date of Filing : 11/ Time of Filing : 02		
18a. ORGANIZATION'S NAME Zayyanid dynasty	File Number : 20 Lapse Date : No	17-318-6392-0		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 7	19b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
19a. ORGANIZATION'S NAME				
OR First Mexican Empire	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Mexico	STATE	POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 3	20b) (use exact. full name: do i	not omit, modify, or abbreviate a	l nv part of the Debtor's name)	
20a. ORGANIZATION'S NAME Second Mexican Empire		, , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	city Mexico	STATE	POSTAL CODE	COUNTRY MX
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name; do r	not omit, modify, or abbreviate a	ny part of the Debtor's name)	
21a. ORGANIZATION'S NAME House of Iturbide				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	city Mexico	STATE	POSTAL CODE	
		10		IVIA
22. ADDITIONAL SECURED PARTY'S NAME Or ASSIGN 22a. ORGANIZATION'S NAME	OR SECURED PARTY	'S NAME: Provide only <u>one</u> na	ame (22a or 22b)	
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED PARTY	'S NAME: Provide only one na	ame (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

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o not omit, modify, or abbreviate ar	y part of the Debtor's name)	
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18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	Date of Filir Time of Fili				
18a. ORGANIZATION'S NAME Zayyanid dynasty			File Number : 2017-318-6392-0			
OR 18b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME		_				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE	SPACE	S FOR FILING OFFICE I	JSE ONLY	
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1	19b) (use exact, full name;	do not omit, modify, or ab	breviate ar	y part of the Debtor's name)		
^{19a.} ORGANIZATION'S NAME Monarchy of Saint Kitts and Nevis						
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS	CITY Saint Kitts an	d Nevis	STATE	POSTAL CODE	COUNTRY KN	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 3	20b) (use exact, full name;	do not omit, modify, or ab	breviate ar	y part of the Debtor's name)		
20a. ORGANIZATION'S NAME						
OR Monarchy of Saint Lucia					-	
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	CITY Saint Lucia		STATE	POSTAL CODE	COUNTRY LC	
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name;	do not omit, modify, or ab	breviate ar	ny part of the Debtor's name)		
21a. ORGANIZATION'S NAME Monarchy of Saint Vincent and the Grenadin	nes					
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
21c. MAILING ADDRESS	CITY Saint Vincent and the Grenadin		STATE	POSTAL CODE		
22. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED PAR	TY'S NAME: Provide of	only one na	ame (22a or 22b)		
22a. ORGANIZATION'S NAME						
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
22c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN		TY'S NAME Provide (nly one na	ame (23a or 23b)		
23a. ORGANIZATION'S NAME			, <u>ono</u> ne			
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
24. MISCELLANEOUS:				1		

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here 	if line 1b was left blank	Date of Filing :			
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE			
OR 18b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SP	ACE IS	FOR FILING OFFICE U	ISE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1	19b) (use exact, full name; do r				
19a. ORGANIZATION'S NAME Fighting Loyalists (American Revolution)				·	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY United States		ATE VA	POSTAL CODE	COUNTRY USA
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 3	20b) (use exact, full name; do r	not omit, modify, or abbrev	viate any	part of the Debtor's name)	
20a. ORGANIZATION'S NAME					
OR Loyalist (American Revolution)					
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		DITION	AL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY United States		ATE VA	POSTAL CODE	COUNTRY USA
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name; do r	not omit, modify, or abbrev	viate any	part of the Debtor's name)	
21a. ORGANIZATION'S NAME Australians for Constitutional Monarchy					
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	DITION	AL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	СІТҮ	ST	ATE	POSTAL CODE	COUNTRY
	Australia				AU
	OR SECURED PARTY	S NAME: Provide only	<u>one</u> nan	ne (22a or 22b)	
22a. ORGANIZATION'S NAME					
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
22c. MAILING ADDRESS	CITY	ST	ATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASSIGN 23a. ORGANIZATION'S NAME	OR SECURED PARTY	'S NAME: Provide only	<u>one</u> nan	ne (23a or 23b)	
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AD	NOT I UON	AL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	ST	ATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:					

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nly <u>one</u> n	ame (23a or 23b)	
	ame (23a or 23b) DNAL NAME(S)/INITIAL(S)	SUFFIX
		nly <u>one</u> name (23a or 23b)

 18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here 	nent; if line 1b was left blank	Date of Filing : 1		
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : (File Number : 2 Lapse Date : 1		
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPAC	E IS FOR FILING OFFICE	USE ONLY
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19)	a or 19b) (use exact, full name; do n			
19a. ORGANIZATION'S NAME Monarchy of New Zealand				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY New Zealand	STATI	E POSTAL CODE	
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20)a or 20b) (use exact, full name; do r	not omit, modify, or abbreviate	e any part of the Debtor's name)
20a. ORGANIZATION'S NAME Monarchy of Papua New Guinea				
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	ΓΙΟΝΑL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	сіту Рариа New Gui	nea	E POSTAL CODE	COUNTRY PG
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21.	a or 21b) (use exact, full name; do r	not omit, modify, or abbreviate	e any part of the Debtor's name)
21a. ORGANIZATION'S NAME Monarchy of the Solomon Islands				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUF	
21c. MAILING ADDRESS	CITY Solomon Islands	STATI	E POSTAL CODE	COUNTRY SB
22. ADDITIONAL SECURED PARTY'S NAME or ASS	IGNOR SECURED PARTY	S NAME: Provide only one	e name (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATI	E POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASS	IGNOR SECURED PARTY	S NAME: Provide only one	<u>a</u> name (23a or 23b)	
23a. ORGANIZATION'S NAME				
OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	FIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATI	E POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem because Individual Debtor name did not fit, check here	nent; if line 1b was left blank	Date of Filing			
18a. ORGANIZATION'S NAME Zayyanid dynasty		Time of Filing : 02:37:00 AM File Number : 2017-318-6392-0 Lapse Date : NONE			
OR 18b. INDIVIDUAL'S SURNAME		-			
FIRST PERSONAL NAME		-			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		BACE	S FOR FILING OFFICE	
ا 9. ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a	a or 19b) (use exact. full name: do				USE UNLT
19a. ORGANIZATION'S NAME Monarchy of Tuvalu		,, ,		,	
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	1	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	city Tuvalu	Ś	STATE	POSTAL CODE	COUNTRY TV
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20.	a or 20b) (use exact, full name; do	not omit, modify, or abbi	reviate ar	I ny part of the Debtor's name)	
20a. ORGANIZATION'S NAME United States Congress				· · ,	
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
20c. MAILING ADDRESS	CITY Washington DO		STATE DC	POSTAL CODE	COUNTRY USA
21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21:	a or 21b) (use exact, full name; do	not omit, modify, or abbr	reviate ar	y part of the Debtor's name)	
21a. ORGANIZATION'S NAME Australian Government					
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
21c. MAILING ADDRESS	city Canberra	\$	STATE	POSTAL CODE	
22. ADDITIONAL SECURED PARTY'S NAME or ASS	IGNOR SECURED PART	Y'S NAME: Provide on	ily <u>one</u> na	ame (22a or 22b)	
22a. ORGANIZATION'S NAME			·	. ,	
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	T PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
22c. MAILING ADDRESS	CITY	Ś	STATE	POSTAL CODE	COUNTRY
23. ADDITIONAL SECURED PARTY'S NAME or ASS	IGNOR SECURED PART	Y'S NAME: Provide on	ily <u>one</u> na	ame (23a or 23b)	
23a. ORGANIZATION'S NAME					
DR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	\$	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:					1