

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

| |
|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Mayer Amschel Rothschild |
| B. E-MAIL CONTACT AT FILER (optional) mayeramschelrothschild1975@gmail.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Mayer Amschel Rothschild MAYER AMSCHEL ROTHSCHILD RESIDUARY ESTATE TRUST trading as the FEDERAL RESERVE BANK OF NEW YORK 33 Liberty Street, |

Date of Filing : 11/14/2017
Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|--|------------------------|-------------------------------|-------------|----------------------|
| 1a. ORGANIZATION'S NAME Zayyanid dynasty | | | | |
| OR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 1c. MAILING ADDRESS | CITY Algeria | STATE | POSTAL CODE | COUNTRY DZ |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

| | | | | |
|---|----------------------|-------------------------------|-------------|----------------------|
| 2a. ORGANIZATION'S NAME King of Dahomey | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 2c. MAILING ADDRESS | CITY Benin | STATE | POSTAL CODE | COUNTRY BJ |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|-------------------------------------|---|----------------------------|----------------------|
| 3a. ORGANIZATION'S NAME | | | | |
| OR 3b. INDIVIDUAL'S SURNAME Rothschild | FIRST PERSONAL NAME Mayer | ADDITIONAL NAME(S)/INITIAL(S) Amschel | | SUFFIX |
| 3c. MAILING ADDRESS 27a Playden Way | CITY Balga | STATE | POSTAL CODE 6061 | COUNTRY AU |

4. COLLATERAL: This financing statement covers the following collateral:

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:
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☒ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ 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 Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

Zayyanid dynasty

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

Date of Filing : 11/14/2017

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S 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 name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

Almighty

FIRST PERSONAL NAME

God

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

27a Playden Way

CITY

Balga

STATE

POSTAL CODE

6061

COUNTRY

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:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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| | | | |
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| 18a. ORGANIZATION'S NAME Zayyanid dynasty | | | |
| OR | | | |
| 18b. INDIVIDUAL'S SURNAME | | | |
| FIRST PERSONAL NAME | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|---------------------|-------------------------------|----------------------|--|
| 19a. ORGANIZATION'S NAME Kanem Empire | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | | | |
| CITY Chad | STATE | POSTAL CODE | COUNTRY TD | |

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 Kingdom of Bagirmi | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | | | |
| CITY Chad | STATE | POSTAL CODE | COUNTRY TD | |

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 Ouaddai Empire | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | | | |
| CITY Chad | STATE | POSTAL CODE | COUNTRY TD | |

22. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|--|--------------------------------------|--|----------------------|--|
| 22a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 22b. INDIVIDUAL'S SURNAME Bush | FIRST PERSONAL NAME George | ADDITIONAL NAME(S)/INITIAL(S) Herbert Walker | SUFFIX | |
| 22c. MAILING ADDRESS | | | | |
| CITY 27a Playden Way | STATE | POSTAL CODE 6061 | COUNTRY AU | |

23. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---|--------------------------------|-------------------------------|-----------------------|--|
| 23a. ORGANIZATION'S NAME NASA.GOV | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | | | | |
| CITY 300 E St SW, | STATE Washington, DC | POSTAL CODE 20546 | COUNTRY USA | |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Ayyubid dynasty | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Egypt | STATE | POSTAL CODE | COUNTRY EG |

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 Farouk of Egypt | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Egypt | STATE | POSTAL CODE | COUNTRY EG |

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 Fatimid Caliphate | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Egypt | STATE | POSTAL CODE | COUNTRY EG |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☒ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|--|--------------------------------------|--|----------------------------------|-----------------------|
| 22a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 22b. INDIVIDUAL'S SURNAME Bush | FIRST PERSONAL NAME George | ADDITIONAL NAME(S)/INITIAL(S) Walker | SUFFIX | |
| 22c. MAILING ADDRESS PO Box 259000 | CITY Dallas TX | STATE TX | POSTAL CODE 75225-9000 | COUNTRY USA |

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

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|----|---|--------|--|--|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | | | |
| | 18b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Kingdom of Egypt | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 19c. MAILING ADDRESS | CITY Egypt | STATE | POSTAL CODE | COUNTRY EG |

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)

| | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Mamluk Sultanate | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 20c. MAILING ADDRESS | CITY Egypt | STATE | POSTAL CODE | COUNTRY EG |

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)

| | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Ptolemaic Kingdom | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 21c. MAILING ADDRESS | CITY Egypt | STATE | POSTAL CODE | COUNTRY EG |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☒ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|----------------------|---|-------------------------------------|--------------------------------|-----------------------|
| OR | 22a. ORGANIZATION'S NAME National Aeronautics and Space Administration (NASA) | | | |
| | 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 22c. MAILING ADDRESS | CITY Suite GC-21 300 E Street, | STATE SW Washington DC WA | POSTAL CODE DC 20546 | COUNTRY USA |

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|
| OR | 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:

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| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| | 18b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) |
| | SUFFIX |

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| | | | | |
|----------------------|---|-------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Sultanate of Egypt | | | |
| | 19b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 19c. MAILING ADDRESS | CITY Egypt | STATE | POSTAL CODE | COUNTRY EG |

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)

| | | | | |
|----------------------|--|-------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Crown Council of Ethiopia | | | |
| | 20b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL 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 or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|---|-------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Ethiopian Empire | | | |
| | 21b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 21c. MAILING ADDRESS | CITY Ethiopia | STATE | POSTAL CODE | COUNTRY ET |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|----------------------|-------------------------------|-------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|----------------------|-------------------------------|-------|-------------|---------|
| OR | 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 |

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| 18a. ORGANIZATION'S NAME | Zayyanid dynasty | | |
| OR | | | |
| 18b. INDIVIDUAL'S SURNAME | | | |
| FIRST PERSONAL NAME | | | |
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| | | | | |
|--------------------------|----------------------------|---------------------|-------------------------------|-----------|
| 19a. ORGANIZATION'S NAME | Emperor of Ethiopia | | | |
| OR | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 19c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Ethiopia | | | ET |

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 | Haile Selassie I | | | |
| OR | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 20c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Ethiopia | | | ET |

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 | Kebra Nagast | | | |
| OR | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 21c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Ethiopia | | | ET |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|--------------------------|---------------------------|---------------------|-------------------------------|---------|
| 22a. ORGANIZATION'S NAME | | | | |
| OR | 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
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| | | | | |
|--------------------------|---------------------------|---------------------|-------------------------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
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| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
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| | | | | | |
|----------------------|---|-------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Kingdom of Aksum | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Ethiopia | STATE | POSTAL CODE | COUNTRY ET |

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| | | | | | |
|----------------------|---|-------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Queen of Sheba | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Ethiopia | STATE | POSTAL CODE | COUNTRY ET |

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| | | | | | |
|----------------------|--|-------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Solomonic dynasty | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Ethiopia | STATE | POSTAL CODE | COUNTRY ET |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
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|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Ashanti Empire | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Ghana | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | |
|---|---------------------------|-------------------------------|-------------|----------------------|
| 20a. ORGANIZATION'S NAME Merina Kingdom | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Madagascar | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | |
|---|---------------------------|-------------------------------|-------------|----------------------|
| 21a. ORGANIZATION'S NAME Ranavalona I | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Madagascar | STATE | POSTAL CODE | COUNTRY MG |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

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| | | | | |
|----|---|--------|--|--|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | | | |
| | 18b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|--|
| OR | 19a. ORGANIZATION'S NAME Radama I | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Madagascar | STATE | POSTAL CODE | COUNTRY MG | |

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)

| | | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|--|
| OR | 20a. ORGANIZATION'S NAME Mali Empire | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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)

| | | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|--|
| OR | 21a. ORGANIZATION'S NAME Songhai Empire | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Mali | STATE | POSTAL CODE | COUNTRY ML | |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|--|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|--|
| OR | 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:

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| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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| | | | | | |
|----------------------|---|---------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Wagadou Empire | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Mauritania | STATE | POSTAL CODE | COUNTRY MR |

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)

| | | | | | |
|----------------------|--|------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Royal family of Morocco | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Bornu Empire | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Nigeria | STATE | POSTAL CODE | COUNTRY NG |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 22c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

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| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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 |

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| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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| | | | | |
|---|------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Kanem Empire | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|------------------------|-------------------------------|-------------|----------------------|
| 20a. ORGANIZATION'S NAME Oba | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|------------------------|-------------------------------|-------------|----------------------|
| 21a. ORGANIZATION'S NAME Obi | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Nigeria | STATE | POSTAL CODE | COUNTRY NG |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

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| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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| | | | | | |
|----------------------|--|------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Fulani Empire | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Ooduan dynasties of Yorubaland | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Jolof Empire | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Senegal | STATE | POSTAL CODE | COUNTRY SN |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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 |

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| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
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| | | | | | |
|----------------------|---|-----------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Zulu Kingdom | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY South Africa | STATE | POSTAL CODE | COUNTRY ZA |

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)

| | | | | | |
|----------------------|---|------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Hafsid dynasty | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Tunisia | STATE | POSTAL CODE | COUNTRY TN |

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)

| | | | | | |
|----------------------|---|----------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Kingdom of Afghanistan | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Afghanistan | STATE | POSTAL CODE | COUNTRY AF |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
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23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 23a. ORGANIZATION'S NAME | | | | |
| | 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
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| | | | | |
|--|----------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Mohammed Zahir Shah, The Last King of Afghanistan | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Afghanistan | STATE | POSTAL CODE | COUNTRY AF |

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 House of Wangchuck | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Bhutan | STATE | POSTAL CODE | COUNTRY BT |

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 His Majesty the King of Bhutan | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Bhutan | STATE | POSTAL CODE | COUNTRY BT |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 22a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
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23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
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| 23a. ORGANIZATION'S NAME | | | | |
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|---|
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| | | | | |
|--|-------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Kingdom of Cambodia | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Cambodia | STATE | POSTAL CODE | COUNTRY KH |

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 Ming Dynasty | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 21b) (use exact, full name; do 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 | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY China | STATE | POSTAL CODE | COUNTRY CN |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 22a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
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23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| | | | |
|-------------------------------|-------------------------|--------|--|
| 18a. ORGANIZATION'S NAME | Zayyanid dynasty | | |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|---------------------------|---------------------|-------------------------------|--------|-------------|-----------|
| 19a. ORGANIZATION'S NAME | Davidic line | | | | |
| OR | | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 19c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | Israel | | | IL |

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 | Kingdom of Judah | | | | |
| OR | | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 20c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | Israel | | | IL |

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 | King Saul | | | | |
| OR | | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 21c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | Israel | | | IL |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|---------------------------|---------------------|-------------------------------|--------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | | |
| OR | | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 23c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | | |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

18a. ORGANIZATION'S NAME

Zayyanid dynasty

OR

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

Date of Filing : 11/14/2017

Time of Filing : 02:37:00 AM

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

King Solomon

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL 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 (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

Tribe of Judah

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

CITY
Israel

STATE

POSTAL CODE

COUNTRY
IL

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

Maurya empire

OR

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

CITY
India

STATE

POSTAL CODE

COUNTRY
IN

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

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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 ☐

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Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Mughal empire | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 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 | ADDITIONAL 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 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 | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY India | STATE | POSTAL CODE | COUNTRY IN |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

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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 ☐

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| | | | |
|-------------------------------|-------------------------|--------|--|
| 18a. ORGANIZATION'S NAME | Zayyanid dynasty | | |
| OR | | | |
| 18b. INDIVIDUAL'S SURNAME | | | |
| FIRST PERSONAL NAME | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|---------------------------|-------------------------------|-------------------------------|--------|-------------|-----------|
| 19a. ORGANIZATION'S NAME | Musunuri Kamma dynasty | | | | |
| OR | | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 19c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | India | | | IN |

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 | Vijaynagar Empire | | | | |
| OR | | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 20c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | India | | | IN |

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 | Pemmasani Kamma dynasty | | | | |
| OR | | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 21c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | India | | | IN |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|---------------------------|---------------------|-------------------------------|--------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | | |
| OR | | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 23c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | | |

24. MISCELLANEOUS:

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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 ☐

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| | | | | |
|----|---|--------|--|--|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | | | |
| | 18b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME House of Pahlavi | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Qajar dynasty | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Pahlavi dynasty | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 21c. MAILING ADDRESS | CITY Iran | STATE | POSTAL CODE | COUNTRY IR |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|
| OR | 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:

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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 ☐

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Lapse Date : NONE

| | | | | |
|----|---|--------|--|--|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | | | |
| | 18b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|--|
| OR | 19a. ORGANIZATION'S NAME Safavid dynasty | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|--|
| OR | 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 | COUNTRY IR | |

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)

| | | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|--|
| OR | 21a. ORGANIZATION'S NAME Afsharid dynasty | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Iran | STATE | POSTAL CODE | COUNTRY IR | |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|--|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|--|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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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 ☐

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| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|---------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Sasanid dynasty | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|---------------------|-------------------------------|-------------|----------------------|
| 20a. ORGANIZATION'S NAME Arsacid dynasty | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|---------------------|-------------------------------|-------------|----------------------|
| 21a. ORGANIZATION'S NAME Achaemenid dynasty | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Iran | STATE | POSTAL CODE | COUNTRY IR |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

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| | |
|----|---|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| | 18b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) |
| | SUFFIX |

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| | | | | |
|----------------------|--|-------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Iraqi Constitutional Monarchy | | | |
| | 19b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 19c. MAILING ADDRESS | CITY Iraq | STATE | POSTAL CODE | COUNTRY IQ |

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)

| | | | | |
|----------------------|--|-------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Kingdom of Iraq (1932-58) | | | |
| | 20b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 20c. MAILING ADDRESS | CITY Iraq | STATE | POSTAL CODE | COUNTRY IQ |

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)

| | | | | |
|----------------------|---|-------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Imperial House of Japan - Also known as the Yamato Dynasty | | | |
| | 21b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 21c. MAILING ADDRESS | CITY Japan | STATE | POSTAL CODE | COUNTRY JP |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|----------------------|-------------------------------|-------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|----------------------|-------------------------------|-------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|-----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Kingdom of Iraq (1932-58) | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Jordan | STATE | POSTAL CODE | COUNTRY JO |

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 Goguryeo Kingdom | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Korea | STATE | POSTAL CODE | COUNTRY KP |

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 Baekje Kingdom | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Korea | STATE | POSTAL CODE | COUNTRY KP |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

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Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Silla Kingdom | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Korea | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | |
|--|----------------------|-------------------------------|-------------|----------------------|
| 20a. ORGANIZATION'S NAME Unified Silla Kingdom | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 Goryeo dynasty | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Korea | STATE | POSTAL CODE | COUNTRY KR |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

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File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Joseon dynasty | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Korea | STATE | POSTAL CODE | COUNTRY KR |

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 Korean Empire | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Laos | STATE | POSTAL CODE | COUNTRY LA |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

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| | | | | |
|----|---|--------|--|--|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | | | |
| | 18b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|--|
| OR | 19a. ORGANIZATION'S NAME Sisavang Vatthana - Last king of Laos | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Laos | STATE | POSTAL CODE | COUNTRY LA | |

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)

| | | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|--|
| OR | 20a. ORGANIZATION'S NAME Mongol Empire | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Mongolia | STATE | POSTAL CODE | COUNTRY MN | |

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)

| | | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|--|
| OR | 21a. ORGANIZATION'S NAME Konbaung Dynasty | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Myanmar | STATE | POSTAL CODE | COUNTRY MM | |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|--|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|--|
| OR | 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:

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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Thibaw Min - The last King of Burma | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Myanmar | STATE | POSTAL CODE | COUNTRY MM |

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)

| | | | | | |
|----------------------|---|----------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Gyanendra of Nepal - King of Nepal | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Nepal | STATE | POSTAL CODE | COUNTRY NP |

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)

| | | | | | |
|----------------------|---|----------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Shah dynasty | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Nepal | STATE | POSTAL CODE | COUNTRY NP |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|-----------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME King of Saudi Arabia | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 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 | ADDITIONAL 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 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 | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Thailand | STATE | POSTAL CODE | COUNTRY TH |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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| | | | | |
|---|-------------------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME House of Al-Falasi | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY United Arab Emirates | STATE | POSTAL CODE | COUNTRY AE |

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 Al Nahyan family | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY United Arab Emirates | STATE | POSTAL CODE | COUNTRY AE |

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 Al Qasimi | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY United Arab Emirates | STATE | POSTAL CODE | COUNTRY AE |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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| | | | |
|---------------------------|-------------------------------|--------|--|
| 18a. ORGANIZATION'S NAME | Zayyanid dynasty | | |
| OR | | | |
| 18b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |

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| | | | | |
|---------------------------|-----------------------------|-------------------------------|-------------|-----------|
| 19a. ORGANIZATION'S NAME | Al Nuaim | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | | | | |
| 19c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | United Arab Emirates | | | AE |

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 | Al Sharqi | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | | | | |
| 20c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | 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 any part of the Debtor's name)

| | | | | |
|---------------------------|----------------------|-------------------------------|-------------|-----------|
| 21a. ORGANIZATION'S NAME | House of Zogu | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | | | | |
| 21c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Albania | | | AL |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| | | | | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME King of Albania | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Albania | STATE | POSTAL CODE | COUNTRY AL |

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 Kingdom of Albania | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Albania | STATE | POSTAL CODE | COUNTRY AL |

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 Leka, Crown Prince of Albania | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Albania | STATE | POSTAL CODE | COUNTRY AL |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

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Date of Filing : 11/14/2017
Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Archduke Franz Ferdinand of Austria | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Austria | STATE | POSTAL CODE | COUNTRY AT |

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 Emperor of Austria | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Austria | STATE | POSTAL CODE | COUNTRY AT |

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 Habsburg Monarchy | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Austria | STATE | POSTAL CODE | COUNTRY AT |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Principality of Minsk | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Belarus | STATE | POSTAL CODE | COUNTRY BY |

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 Principality of Minsk | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Belarus | STATE | POSTAL CODE | COUNTRY BY |

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 Principality of Polotsk | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Belarus | STATE | POSTAL CODE | COUNTRY BY |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

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Time of Filing : 02:37:00 AM
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Lapse Date : NONE

| | |
|----|---|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| | 18b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) |
| | SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|--|-------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Principality of Vitebsk | | | |
| | 19b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 19c. MAILING ADDRESS | CITY Belarus | STATE | POSTAL CODE | COUNTRY BY |

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)

| | | | | |
|----------------------|--|-------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Monarchy of Belgium | | | |
| | 20b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 20c. MAILING ADDRESS | CITY Belgium | STATE | POSTAL CODE | COUNTRY BE |

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)

| | | | | |
|----------------------|---|-------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME First Bulgarian Empire | | | |
| | 21b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 21c. MAILING ADDRESS | CITY Bulgaria | STATE | POSTAL CODE | COUNTRY BG |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|----------------------|-------------------------------|-------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|----------------------|-------------------------------|-------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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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 ☐

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File Number : 2017-318-6392-0

Lapse Date : NONE

| | | | | |
|----|---|--------|--|--|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | | | |
| | 18b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Second Bulgarian Empire | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 19c. MAILING ADDRESS | CITY Bulgaria | STATE | POSTAL CODE | COUNTRY BG |

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)

| | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Kingdom of Bulgaria | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 20c. MAILING ADDRESS | CITY 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)

| | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Bulgarian royal family | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 21c. MAILING ADDRESS | CITY Bulgaria | STATE | POSTAL CODE | COUNTRY BG |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|
| OR | 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:

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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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| | | | | | |
|----------------------|--|------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Monarchy of Denmark | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Denmark | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Grand Duchy of Finland | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Finland | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|-----------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Kingdom of France | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY France | STATE | POSTAL CODE | COUNTRY FR |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

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| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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| | | | | |
|--|------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Bagrati dynasty | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Georgia | STATE | POSTAL CODE | COUNTRY GE |

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 Kingdom of Georgia | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Georgia | STATE | POSTAL CODE | COUNTRY GE |

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 Wilhelm II, German Emperor | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Germany | STATE | POSTAL CODE | COUNTRY DE |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Kingdom of Hungary | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|----------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Kingdom of Italy | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|----------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME House of Savoy | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Italy | STATE | POSTAL CODE | COUNTRY IT |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| | | | | |
|----|---|--------|--|--|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | | | |
| | 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Royal House of Liechtenstein | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 19c. MAILING ADDRESS | CITY Liechtenstein | STATE | POSTAL CODE | COUNTRY LI |

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)

| | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Grand Duchy of Lithuania | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 20c. MAILING ADDRESS | CITY Lithuania | STATE | POSTAL CODE | COUNTRY LT |

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)

| | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Kingdom of Lithuania | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 21c. MAILING ADDRESS | CITY Lithuania | STATE | POSTAL CODE | COUNTRY LT |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

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Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|-----------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Prince of Monaco | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Monaco | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|-----------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Promotion of the Monegasque Family | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Monaco | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Principality of Moldavia | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Moldova | STATE | POSTAL CODE | COUNTRY MD |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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| | | | | | |
|----------------------|--|----------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Monarchy of the Netherlands | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|----------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME House of Orange-Nassau | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|-----------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Monarchy of Norway | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Norway | STATE | POSTAL CODE | COUNTRY NO |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|---------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Grand-Duchy of Luxembourg | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Luxembourg | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | |
|--|-----------------------|-------------------------------|-------------|----------------------|
| 20a. ORGANIZATION'S NAME Congress Poland | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Poland | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | |
|--|-----------------------|-------------------------------|-------------|----------------------|
| 21a. ORGANIZATION'S NAME Kingdom of Poland (1385-1569) | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Poland | STATE | POSTAL CODE | COUNTRY PL |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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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 ☐

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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|-------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME House of Braganza | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Portugal | STATE | POSTAL CODE | COUNTRY PT |

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)

| | | | | | |
|----------------------|--|-------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Kingdom of Portugal | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Portugal | STATE | POSTAL CODE | COUNTRY PT |

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)

| | | | | | |
|----------------------|--|-------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Monarchy of the North | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Portugal | STATE | POSTAL CODE | COUNTRY PT |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

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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 ☐

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File Number : 2017-318-6392-0

Lapse Date : NONE

OR

18a. ORGANIZATION'S NAME

Zayyanid dynasty

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

Kingdom of Romania

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL 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

ADDITIONAL 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 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

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

CITY

Russia

STATE

POSTAL CODE

COUNTRY

RU

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

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| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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| | | | | |
|--|-----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Catherine the Great | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 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 Romanov | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|-----------------------|-------------------------------|-------------|----------------------|
| 21a. ORGANIZATION'S NAME Ivan the Terrible | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Russia | STATE | POSTAL CODE | COUNTRY RU |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

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| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
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| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|-----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Nicholas II of Russia | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 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 | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|-----------------------|-------------------------------|-------------|----------------------|
| 21a. ORGANIZATION'S NAME Russian Empire | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Russia | STATE | POSTAL CODE | COUNTRY RU |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|-----------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Tsardom of Russia | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|-----------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Alexander, Crown Prince of Yugoslavia[| | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Serbia | STATE | POSTAL CODE | COUNTRY RS |

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)

| | | | | | |
|----------------------|---|-----------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Karadordevic dynasty | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Serbia | STATE | POSTAL CODE | COUNTRY RS |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

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File Number : 2017-318-6392-0
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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|-----------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Kingdom of Serbia | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Serbia | STATE | POSTAL CODE | COUNTRY RS |

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)

| | | | | | |
|----------------------|--|-----------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Kingdom of Yugoslavia | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Serbia | STATE | POSTAL CODE | COUNTRY RS |

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)

| | | | | | |
|----------------------|--|-----------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Kingdom of Yugoslavia | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Serbia | STATE | POSTAL CODE | COUNTRY RS |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

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Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|-----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Ottoman Dynasty | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Turkey | STATE | POSTAL CODE | COUNTRY TR |

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 Kievan Rus | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Ukraine | STATE | POSTAL CODE | COUNTRY UA |

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 Galicia-Volhynia | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Ukraine | STATE | POSTAL CODE | COUNTRY UA |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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| | | | | | |
|----------------------|--|------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Cossack Hetmanate | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Ukraine | STATE | POSTAL CODE | COUNTRY UA |

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)

| | | | | | |
|----------------------|---|-------------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME House of Windsor | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY United Kingdom | STATE | POSTAL 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 abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|-------------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Monarchy of the United Kingdom | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY United Kingdom | STATE | POSTAL CODE | COUNTRY GB |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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 |

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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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| | | | | | |
|----------------------|---|------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME House of Lancaster | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME House of Plantagenet | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME House of York | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY England | STATE | POSTAL CODE | COUNTRY GB |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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 |

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| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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| | | | | |
|---|------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME House of Windsor | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 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 Tudor | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 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 England | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY England | STATE | POSTAL CODE | COUNTRY GB |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

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| | 18b. INDIVIDUAL'S SURNAME | |
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| | | | | | |
|----------------------|--|------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Tudor dynasty | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|-------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Guardian of Scotland | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Scotland | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|-------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME House of Stuart | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Scotland | STATE | POSTAL CODE | COUNTRY SH |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 23a. ORGANIZATION'S NAME | | | | |
| | 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
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|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|-------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Kingdom of Alba | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Scotland | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|-------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Kingdom of Scotland | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Scotland | STATE | 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 abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|----------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME King of Wales | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Wales | STATE | POSTAL CODE | COUNTRY SH |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| | | | | |
|----|---|--------|--|--|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | | | |
| | 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Principality of Wales | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|--|---------------------|-------------------------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Prince of Wales | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|---|---------------------|-------------------------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Royal House of Spain | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 21c. MAILING ADDRESS | CITY Spain | STATE | POSTAL CODE | COUNTRY ES |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Emirate of Córdoba | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Andorra | STATE | POSTAL CODE | COUNTRY AD |

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 Emirate of Granada | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Andorra | STATE | POSTAL CODE | COUNTRY AD |

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 Crown of Aragon | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Argentina | STATE | POSTAL CODE | COUNTRY AR |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

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Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|--------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Kingdom of Aragon | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Argentina | STATE | POSTAL CODE | COUNTRY AR |

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)

| | | | | | |
|----------------------|--|-------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Kingdom of Asturias | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Asturias | STATE | POSTAL CODE | COUNTRY AR |

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)

| | | | | | |
|----------------------|---|-------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Prince of Asturias | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Asturias | STATE | POSTAL CODE | COUNTRY AR |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

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Lapse Date : NONE

| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|--------------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Count of Barcelona | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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)

| | | | | | |
|----------------------|--|--------------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME County of Barcelona | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|--------------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME House of Barcelona | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Catalonia | STATE | POSTAL CODE | COUNTRY ES |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

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Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|--------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Principality of Catalonia | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 | ADDITIONAL 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 | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Castile | STATE | POSTAL CODE | COUNTRY KH |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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File Number : 2017-318-6392-0
Lapse Date : NONE

| | | | |
|-------------------------------|-------------------------|--------|--|
| 18a. ORGANIZATION'S NAME | Zayyanid dynasty | | |
| OR | | | |
| 18b. INDIVIDUAL'S SURNAME | | | |
| FIRST PERSONAL NAME | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---------------------------|-------------------------------|-------|-------------|
| 19a. ORGANIZATION'S NAME | Kingdom of Galicia | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 19c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | Galicia | | GA |

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 | Kingdom of León | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 20c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | León | | LA |

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 Majorca | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 21c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | Majorca | | MO |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 |
| | | | | |

23. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------|-------------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 23c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | | |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

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| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|--------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Duchy of Cantabria | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Cantabria | STATE | POSTAL CODE | COUNTRY CU |

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 Taifa of Murcia | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 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 Navarre | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Navarre | STATE | POSTAL CODE | COUNTRY NA |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| | | | |
|-------------------------------|-------------------------|--------|--|
| 18a. ORGANIZATION'S NAME | Zayyanid dynasty | | |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--------------------------|--|---------------------|-------------------------------|-----------|
| 19a. ORGANIZATION'S NAME | Monarchy of Antigua and Barbuda | | | |
| OR | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 19c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Antigua and Barbuda | | | AG |

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 | Monarchy of the Bahamas | | | |
| OR | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 20c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Bahamas | | | BS |

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 | Monarchy of Barbados | | | |
| OR | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 21c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Barbados | | | BB |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|--------------------------|---------------------------|---------------------|-------------------------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|-----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Monarchy of Belize | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Belize | STATE | POSTAL CODE | COUNTRY BZ |

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 House of Braganza | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|-----------------------|-------------------------------|-------------|----------------------|
| 21a. ORGANIZATION'S NAME House of Orléans-Braganza | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Brazil | STATE | POSTAL CODE | COUNTRY BR |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|-----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Brazilian Imperial Family | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Brazil | STATE | POSTAL CODE | COUNTRY BR |

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 United Kingdom of Portugal, Brazil and the Algarves | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 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 Brazil | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Brazil | STATE | POSTAL CODE | COUNTRY BR |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

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Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|-----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Empire of Brazil | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Brazil | STATE | POSTAL CODE | COUNTRY BR |

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 Monarquia Brasileira Isabel I of Brazil | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|-----------------------|-------------------------------|-------------|-----------------------|
| 21a. ORGANIZATION'S NAME Monarchist League of Canada | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Canada | STATE BC | POSTAL CODE | COUNTRY CAN |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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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 ☐

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File Number : 2017-318-6392-0
Lapse Date : NONE

| | | | |
|-------------------------------|-------------------------|--------|--|
| 18a. ORGANIZATION'S NAME | Zayyanid dynasty | | |
| OR | | | |
| 18b. INDIVIDUAL'S SURNAME | | | |
| FIRST PERSONAL NAME | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do 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 | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 19c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | Canada | BC | | CAN |

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 | Monarchy of Grenada | | | | |
| OR | | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 20c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | Grenada | | | GD |

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 | Emperor Jacques I of Haiti | | | | |
| OR | | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 21c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | Haiti | | | HT |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|---------------------------|---------------------|-------------------------------|--------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | | |
| OR | | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 23c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | | |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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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 ☐

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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|---|----------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Kingdom of Haiti | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Haiti | STATE | POSTAL CODE | COUNTRY HT |

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)

| | | | | | |
|----------------------|--|----------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME First Empire of Haiti | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Haiti | STATE | POSTAL CODE | COUNTRY HT |

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)

| | | | | | |
|----------------------|---|----------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Second Empire of Haiti | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Haiti | STATE | POSTAL CODE | COUNTRY HT |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 ☐

18a. ORGANIZATION'S NAME

Zayyanid dynasty

OR

18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

Date of Filing : 11/14/2017

Time of Filing : 02:37:00 AM

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

Monarchy of Jamaica

OR

19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

CITY

Jamaica

STATE

POSTAL CODE

COUNTRY

JM

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

Aztec Empire

OR

20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL 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 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

Emperor of Mexico

OR

21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

CITY

Mexico

STATE

POSTAL CODE

COUNTRY

MX

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR

23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 18b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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| | | | | | |
|----------------------|---|-----------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME First Mexican Empire | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Mexico | STATE | POSTAL CODE | COUNTRY MX |

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)

| | | | | | |
|----------------------|--|-----------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Second Mexican Empire | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|-----------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME House of Iturbide | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Mexico | STATE | POSTAL CODE | COUNTRY MX |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| | | |
|----|---|--------|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty | |
| | 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | | |
|----------------------|--|-----------------------|-------------------------------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Habsburg-Lorraine | | | | |
| | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | | CITY Mexico | STATE | POSTAL CODE | COUNTRY MX |

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)

| | | | | | |
|----------------------|--|---------------------|-------------------------------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Inca Empire | | | | |
| | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | | CITY Peru | STATE | POSTAL CODE | COUNTRY PE |

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)

| | | | | | |
|----------------------|---|---------------------|-------------------------------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Kingdom of Cusco | | | | |
| | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | | CITY Peru | STATE | POSTAL CODE | COUNTRY PE |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | | |
|----------------------|---------------------------|---------------------|-------------------------------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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 Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| 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 not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--|--------------------------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Monarchy of Saint Kitts and Nevis | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Saint Kitts and Nevis | STATE | POSTAL CODE | COUNTRY KN |

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 Monarchy of Saint Lucia | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL 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 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|---|-------------------------------|-------------|----------------------|
| 21a. ORGANIZATION'S NAME Monarchy of Saint Vincent and the Grenadines | | | | |
| 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 | COUNTRY VC |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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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 ☐

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Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| | | | |
|---------------------------|-------------------------------|--------|--|
| 18a. ORGANIZATION'S NAME | Zayyanid dynasty | | |
| OR | | | |
| 18b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---------------------------|---|-------------------------------|-------------|------------|
| 19a. ORGANIZATION'S NAME | Fighting Loyalists (American Revolution) | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | United States | WA | | USA |

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 | Loyalist (American Revolution) | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | United States | WA | | USA |

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 | Australians for Constitutional Monarchy | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Australia | | | AU |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

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File Number : 2017-318-6392-0
Lapse Date : NONE

| | | | |
|-------------------------------|-------------------------|--------|--|
| 18a. ORGANIZATION'S NAME | Zayyanid dynasty | | |
| OR | | | |
| 18b. INDIVIDUAL'S SURNAME | | | |
| FIRST PERSONAL NAME | | | |
| ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX | |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|--------------------------|------------------------------|---------------------|-------------------------------|-----------|
| 19a. ORGANIZATION'S NAME | Monarchy of Australia | | | |
| OR | 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 19c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Australia | | | AU |

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 | House of Kamehameha | | | |
| OR | 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 20c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Hawaii | HI | | USA |

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 Hawaii | | | |
| OR | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 21c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | Hawaii | HI | | USA |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|--------------------------|---------------------------|---------------------|-------------------------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS:

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| | |
|----|---|
| OR | 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| | 18b. INDIVIDUAL'S SURNAME |
| | FIRST PERSONAL NAME |
| | ADDITIONAL NAME(S)/INITIAL(S) |
| | SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|----------------------|--|-------|-------------|----------------------|
| OR | 19a. ORGANIZATION'S NAME Monarchy of New Zealand | | | |
| | 19b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 19c. MAILING ADDRESS | CITY New Zealand | STATE | POSTAL CODE | COUNTRY NZ |

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)

| | | | | |
|----------------------|---|-------|-------------|----------------------|
| OR | 20a. ORGANIZATION'S NAME Monarchy of Papua New Guinea | | | |
| | 20b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 20c. MAILING ADDRESS | CITY Papua New Guinea | STATE | POSTAL CODE | COUNTRY PG |

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)

| | | | | |
|----------------------|--|-------|-------------|----------------------|
| OR | 21a. ORGANIZATION'S NAME Monarchy of the Solomon Islands | | | |
| | 21b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | | | |
| | SUFFIX | | | |
| 21c. MAILING ADDRESS | CITY Solomon Islands | STATE | POSTAL CODE | COUNTRY SB |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

| | | | | |
|----------------------|-------------------------------|-------|-------------|---------|
| OR | 22a. ORGANIZATION'S NAME | | | |
| | 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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|----------------------|-------------------------------|-------|-------------|---------|
| OR | 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:

UCC FINANCING STATEMENT ADDITIONAL PARTY

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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 ☐

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Time of Filing : 02:37:00 AM
File Number : 2017-318-6392-0
Lapse Date : NONE

| |
|---|
| 18a. ORGANIZATION'S NAME Zayyanid dynasty |
| OR |
| 18b. INDIVIDUAL'S SURNAME |
| FIRST PERSONAL NAME |
| ADDITIONAL NAME(S)/INITIAL(S) SUFFIX |

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | | |
|---|-----------------------|-------------------------------|-------------|----------------------|
| 19a. ORGANIZATION'S NAME Monarchy of Tuvalu | | | | |
| OR | | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 19c. MAILING ADDRESS | CITY Tuvalu | STATE | POSTAL CODE | COUNTRY TV |

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 United States Congress | | | | |
| OR | | | | |
| 20b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 20c. MAILING ADDRESS | CITY Washington DC | STATE DC | POSTAL CODE | COUNTRY USA |

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 Australian Government | | | | |
| OR | | | | |
| 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 21c. MAILING ADDRESS | CITY Canberra | STATE | POSTAL CODE | COUNTRY AU |

22. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (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 ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

| | | | | |
|---------------------------|---------------------|-------------------------------|-------------|---------|
| 23a. ORGANIZATION'S NAME | | | | |
| OR | | | | |
| 23b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 23c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |

24. MISCELLANEOUS: