| THE Number: 2.020-335-S025-9 Lapse Date: NONE File Number: 2.020-355-S025-9 Lapse Date: NoNE File Number: 2.020-355-S025-S025-S025-S025-S025-S025-S025-S0 | NAME & PHONE OF CONTACT AT FILER (optional) Principal Officer, Robert Stennett 5179361993 | Date of Filing: 11/3 | | |
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| SEND ACKNOWLEDGMENT TO: (Name and Address) UNITED STATES OF AMERICA OFFICE OF WAR 221 E.MICHIGAN AVENUE, P.O. Box 215 Grass Lake MI USA 49240 INITIAL FINANCING STATEMENT FILE NUMBER DIT-317-6089-2 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT MENDMENT is to be filed flor record) for recorded; in the REAL ESTATE RECORDS Statement TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assigner in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collularal in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check ong of these two boxes: AND Check ong of these two boxes: CHANGE name and/or address: Complete This Change affects □Debtor or □ Secured Party of record □ the major of 7b and item 7c or 7b and item 7c or 7b, and | E-MAIL CONTACT AT FILER (optional) | 9 | | |
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| P.O. Box 215 Grass Lake MI USA 49240 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE NUMBER ID This FINANCING STATEMENT AMENDMENT is to be filled [for record] (or recorded) in the REAL ESTATE RECORDS Filter alloads Amendment Addendum From UCSANd) and provide Debtor's name in item: TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check one of these two boxes: AND Check one of these three boxes to: ChanGe affects Debtor or Secured Party of record Tenane. Give record name in the 6s or 6b) Sa. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX TO INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX TO INDIVIDUAL'S SURNAME Stein Nett INDIVIDUAL'S SURNAME Sultan King Robert, INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) HIS Majesty, King Dahomey; MAYER AMSCHEL ROTHSCHILD, GOD ALMIGHTY MALING ADDRESS CITY STATE [POSTAL CODE COUNTRY] | UNITED STATES OF AMERICA OFFICE OF WAR | | | |
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10. OPTIONAL FILER REFERENCE DATA:

ROTHSCHILD AKA GOD ALMIGHTY MAYER

AMSCHEL