UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)  God Almighty (I am) 0477161174		Date of Filing	: 07/06/2016	6	
B. E-MAIL CONTACT AT FILER (optional)		Time of Filing			
godsworld@protonmail.com		File Number Lapse Date	: 2016-188- : NONE	3158-5	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  God Almighty (I am) 0477161174  SKULL & BONES SOCIETY - THE NETWORK O GODS FOR THE GODS c/o PO Box 319  Beechboro AU 6063	OF THE	-		R FILING OFFIC	E USE ONLY
		modify, or abbreviate any or information in item 10 of			
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME Windsor aka the first son of God	FIRST PERSONA William	L NAME		NAL NAME(S)/INITIA  Philip Louis of the	` '
1c. MAILING ADDRESS c/o PO Box 319	Beeechbo	ro	STATE	POSTAL CODE 6063	COUNTRY
OR  2b. INDIVIDUAL'S SURNAME  Obama II (Soetoro) aka the first son of God	FIRST PERSONA <b>Barack</b>	IL NAME	ADDITIO Huss	NAL NAME(S)/INITI	AL(S) SUFFIX
2c. MAILING ADDRESS  c/o PO Box 319	Beeechbo	ro	STATE	POSTAL CODE <b>6063</b>	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURION SECURION SECURION SECURION SECURION SECURION SECURION SECURIOR SECURION SECURIOR	I RED PARTY): Pro	vide only <u>one</u> Secured Par	rty name (3a or 3b	))	-
OR 3b. INDIVIDUAL'S SURNAME Debono aka God Almighty, The Creator	FIRST PERSONA  Robert	L NAME		nal NAME(S)/INITIA	
3c. MAILING ADDRESS c/o PO Box 319	Beechbor	0	STATE	POSTAL CODE 6063	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:  The entire WORLD is under control of the one and onl family Debono who is God Almighty, the creator of AL and through the Wisdom Of Robert Lewis Debono [WO living being for the job of God Almighty is to UNIFY A The PALACE OF THINKING is now to be born.	L in the nan ORLD] I ple	ne of Peace, Harr dge to make it O	nony & Pro UR WORL	sperity. This D being a WO	is my WORLD ORLD for every
5. Check only if applicable and check only are hery Callateral in The History Transfer	200 LICC1Ad :t	17 and Instructions)	hoing administs	rod by a Dagadartic	Parennal Paneanntation
<ul> <li>5. Check only if applicable and check only one box: Collateral is held in a Trust (and the control of the control of</li></ul>	see ooo ma, ilem	ir and instructions)		if applicable and che	Personal Representative ck only one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	a Transmitting Utility			lon-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	or Seller/Buy	er Ba	ilee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					

Vella aka the first son of God   Alessio   Emmanuel of the family     19c. MAILING ADDRESS   CITY   STATE   POSTAL CODE   CO	FOI	LLOW INSTRUCTIONS			_			
File Number   : 2016-188-3158-5   Lapse Date : NONE		· · · · · · · · · · · · · · · · · · ·	if line 1b was l	left blank				
THE ABOVE SPACE IS FOR FILING OFFICE USE ( William ADDITIONAL NAME(S)/INITIAL(S) Arthur Philip Louis of the family,  19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not ornit, modity, or abbreviate any part of the Debtor's name)  190. MINION ADDRESS CITY STATE POSTAL CODE 6063 A 20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20s or 20b) (use exact, full name; do not ornit, modity, or abbreviate any part of the Debtor's name)  20c. OR OB SOS 319 Beechboro Biglin Turnbull ask at the Antichrist Malcolm Bligh Turnbull ask at the Antichrist OR 20c. MAILING ADDRESS CITY STATE Turnbull ask at the Antichrist OR 20c. MAILING ADDRESS CITY STATE COSTAL CODE 6063 A 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21s or 21b) (use exact, full name; do not ornit, modity, or abbreviate any part of the Debtor's name)  20c. MAILING ADDRESS CITY STATE Turnbull ask at the Antichrist Malcolm Bligh 10. MAILING ADDRESS CITY STATE POSTAL CODE 6063 A 21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21s or 21b) (use exact, full name; do not ornit, modity, or abbreviate any part of the Debtor's name)  20c. MAILING ADDRESS CITY STATE Turnbull ask at the Antichrist Malcolm Bligh Parliament of Australia  REST PERSONAL NAME REST PERSONAL NAME REST PERSONAL NAME REST PERSONAL NAME REST POSTAL CODE 6063 A 22b. INDIVIDUAL'S SURNAME REST PERSONAL NAME REST PERSONAL NAME REST PERSONAL NAME: Provide only one name (22a or 22b)  22c. MAILING ADDRESS CITY STATE POSTAL CODE CO 22b. INDIVIDUAL'S SURNAME REST PERSONAL NAME REST PERSONAL NAME: Provide only one name (22a or 22b)  22c. MAILING ADDRESS CITY REST PERSONAL NAME: Provide only one name (22a or 22b)  22c. MAILING ADDRESS CITY REST PERSONAL NAME: Provide only one name (22a or 22b)  22c. MAILING ADDRESS CITY REST PERSONAL NAME REST PERSONAL NAME: Provide only one name (22a or 22b)  22c. MAI		18a. ORGANIZATION'S NAME			File Number	r : 20	16-188-3158-5	
William ADDITIONAL NAME(S)INITIAL(S) Arthur Philip Louis of the family,  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  Postal. CODE Yella aka the first son of God  19c. MAILING ADDRESS CITY STATE POSTAL. CODE 20b. 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)  20c. 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)  20c. 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)  20b. INDIVIDUAL'S SURNAME Malcolm Bligh  20c. MAILING ADDRESS CITY STATE POSTAL CODE 6063 A  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)  21c. GRGANIZATION'S NAME Parliament of Australia  Reeechboro Reeechboro Reeechboro Reeechboro Reeechboro Reeechboro Reechboro Reeechboro	OR	18b. INDIVIDUAL'S SURNAME						
Arthur Philip Louis of the family,  19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modity, or abbreviate any part of the Debtor's name)  19a. ORGANIZATION'S NAME  RIFIST PERSONAL NAME  19b. INDIVIDUAL'S SURNAME  Vella aka the first son of God  19c. MAILING ADDRESS  C/O PO Box 319  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  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  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)  20c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO PO Box 319  20c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO PO Box 319  Beechboro  RIFIST PERSONAL 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)  21c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO PO Box 319  21c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO PO Box 319  21c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO PO Box 319  21c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO PO Box 319  22c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO PO Box 319  22c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO PO Box 319  22c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO CO PO Box 319  22c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO CO PO Box 319  22c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO CO PO Box 319  22c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO CO PO Box 319  22c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO CO PO Box 319  ADDITIONAL NAME(S)/INITIAL(S)  SU  ADDITIONAL NAME(S)/INITIAL(S)  SU  ADDITIONAL SEURD PARTY'S NAME  PROVIDED P								
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C/o PO Box 319  Beechboro  6063  A  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  20b. INDIVIDUAL'S SURNAME  Turnbull aka the Antichrist  Malcolm  Bligh  20c. MAILING ADDRESS  CITY  Beechboro  21a. ORGANIZATION'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)  21b. INDIVIDUAL'S SURNAME  Parliament of Australia  21c. INDIVIDUAL'S SURNAME  Parliament of Australia  21c. MAILING ADDRESS  C/o PO Box 319  21c. MAILING ADDRESS  C/o PO Box 319  21d. MODITIONAL NAME(S)/INITIAL(S)  Beechboro  CO  Beechboro  ADDITIONAL NAME(S)/INITIAL(S)  SURNAME  Pirst PERSONAL NAME  POSTAL CODE  CO  6063  A  22c. MAILING ADDRESS  C/o PO Box 319  22c. MAILING ADDRESS  C/o PO Box 319  ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)  22a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SURNAME  POSTAL CODE  CO  22b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SURNAME  POSTAL CODE  CO  23a. ADDITIONAL SECURED PARTY'S NAME of ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)  23a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SURNAME  POSTAL CODE  CO  23b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SURNAM	OR	196. INDIVIDUAL'S SURNAME				Emma	anuel of the family	SUFFIX
OR  206. INDIVIDUAL'S SURNAME  Turnbull aka the Antichrist  Malcolm  Bligh  206. MAILING ADDRESS  C/O PO Box 319  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  Parliament of Australia  OR  21b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  PIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SU  21c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO  6063  A  ADDITIONAL NAME(S)/INITIAL(S)  SU  22c. ADDITIONAL SECURED PARTY'S NAME  OR  22d. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME: Provide only one name (22a or 22b)  22a. ORGANIZATION'S NAME  OR  22b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SU  23c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO  ADDITIONAL NAME(S)/INITIAL(S)  SU  23c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO  23c. MAILING ADDRESS  CITY  STATE  POSTAL CODE  CO  23d. ADDITIONAL SECURED PARTY'S NAME  OR  23d. ORGANIZATION'S NAME  POSTAL CODE  CO  23d. ADDITIONAL SECURED PARTY'S NAME  FIRST PERSONAL NAME: Provide only one name (23a or 23b)  23a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME: Provide only one name (23a or 23b)			1	boro		STATE		COUNTRY <b>AU</b>
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C/O PO Box 319  Beeechboro  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)  SU  23c. MAILING ADDRESS  CITY  STATE POSTAL CODE  CO  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)  SU  SU  SU  ADDITIONAL NAME(S)/INITIAL(S)  SU  SU  ADDITIONAL NAME(S)/INITIAL(S)  SU  SU  SU  SU  SU  SU  SU  SU  SU	UK	21b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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236. INDIVIDUAL 5 SURNAME  ADDITIONAL NAME(S)/INITIAL(S)  SU	23.		OR SECUI	RED PARTY	'S NAME: Provide o	only <u>one</u> na	me (23a or 23b)	
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	23c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on F because Individual Debtor name did not fit, check here	inancing Statement; if line 1b was left blank	Date of Filing: 07/		
18a. ORGANIZATION'S NAME		Time of Filing: 12 File Number : 20 Lapse Date : NO		
18b. INDIVIDUAL'S SURNAME  Windsor aka the first son of God		_		
FIRST PERSONAL NAME William				
Additional NAME(S)/INITIAL(S)  Arthur Philip Louis of the family,	SUFFIX	THE ABOVE SPACE	S FOR FILING OFFICE	USE ONLY
9. ADDITIONAL DEBTOR'S NAME: Provide only one D	ebtor name (19a or 19b) (use exact, full name; do	not omit, modify, or abbreviate ar	y part of the Debtor's name	)
19a. ORGANIZATION'S NAME  COMMONWEALTH OF AUSTRAI	TA L COMMONWEAT THE DAT	DITAMENT wofow 4	ilo numbou 2015	202 0921
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS C/O PO Box 319	CITY <b>Beeechboro</b>	STATE	POSTAL CODE 6063	COUNTRY
20. ADDITIONAL DEBTOR'S NAME: Provide only one D	Debtor name (20a or 20b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name	)
20a. ORGANIZATION'S NAME				
THE WORLD BANK   FEDERAL RESERVE BANK OF NEW YORK	·			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS C/O PO Box 319	CITY <b>Beeechboro</b>	STATE	POSTAL CODE 6063	COUNTRY
21. ADDITIONAL DEBTOR'S NAME: Provide only one D	ebtor name (21a or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name	)
21a. ORGANIZATION'S NAME				
NATIONAL AUSTRALIA BANK   NATI  21b. INDIVIDUAL'S SURNAME				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
c/o PO Box 319	Beeechboro		6063	AU
22. ADDITIONAL SECURED PARTY'S NAME o	ASSIGNOR SECURED PARTY	/'S NAME: Provide only <u>one</u> na	ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
DR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME (C) //NUTIAL (C)	SUFFIX
226. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
		/'S NAME: Provide only one no	ame (23a or 23h)	
23. ADDITIONAL SECURED PARTY'S NAME O	r ASSIGNOR SECURED PARTY			
23. ADDITIONAL SECURED PARTY'S NAME Q 23a. ORGANIZATION'S NAME				
23a. ORGANIZATION'S NAME		,		- Laurence
	ASSIGNOR SECURED PARTY  FIRST PERSONAL NAME	,	NAL NAME(S)/INITIAL(S)	SUFFIX
23a. ORGANIZATION'S NAME		,		SUFFIX

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18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financir because Individual Debtor name did not fit, check here	ng Statement; if line 1b was left blank	Date of Filing: 07/ Time of Filing: 12		
18a. ORGANIZATION'S NAME		File Number : 20		
OR 18b. INDIVIDUAL'S SURNAME  Windsor aka the first son of God				
FIRST PERSONAL NAME William		1		
Additional NAME(S)/INITIAL(S)  Arthur Philip Louis of the family,	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
9. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor r	name (19a or 19b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name	)
19a. ORGANIZATION'S NAME AUSTRALIAN TAXATION OFFICE   AUSTRALIAN TAXATION	IAN TAXATION OFFICE SUPE	RANNUATION GROUP -	REFER FILE NO: 20	)15-304-304
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
9c. MAILING ADDRESS C/o PO Box 319	Beechboro	STATE	POSTAL CODE 6063	COUNTRY
20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor r	name (20a or 20b) (use exact, full name; do	o not omit, modify, or abbreviate a	ny part of the Debtor's name	e)
20a. ORGANIZATION'S NAME	<b>7</b> 204 2042 2			
ANZ BANK - REFER FILE NO: 201				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
oc. MAILING ADDRESS c/o PO Box 319	Beeechboro	STATE	POSTAL CODE 6063	COUNTRY
1. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor r	name (21a or 21b) (use exact, full name; do	not omit, modify, or abbreviate a	ny part of the Debtor's name	e)
21a. ORGANIZATION'S NAME	A C D A NIZING CODDOD A TION	NEW YORK DDANGI	DEEED EH E NO. 20	115 205 022
WESTPAC BANKING CORPORATION   WESTP  21b. INDIVIDUAL'S SURNAME		<u> </u>		
21b. INDIVIDUAL S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
c/o PO Box 319	Beeechboro		6063	AU
2. ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PART	Y'S NAME: Provide only one na	ame (22a or 22b)	
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
220. INDIVIDUAL 3 SURNAIVIE	FIRST PERSONAL NAME	ADDITIO	MAL NAME(3)/INTTAL(3)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	ASSIGNOR SECURED PART	Y'S NAME: Provide only one na	ame (23a or 23b)	
23. ADDITIONAL SECURED PARTY'S NAME or		· · · · · · · · · · · · · · · · · · ·		
3. ADDITIONAL SECURED PARTY'S NAME or 23a. ORGANIZATION'S NAME				
23a. ORGANIZATION'S NAME	FIRST DEDOCNIAL NAME	ADDITIO	NIAI NAME/QVINITIAI/QV	SHEELV
	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
23a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADDITIC STATE	POSTAL CODE	SUFFIX

	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	Date of Filing: 0 Time of Filing: 1		
	18a. ORGANIZATION'S NAME		File Number : 2		
OR	18b. INDIVIDUAL'S SURNAME  Windsor aka the first son of God		1		
	FIRST PERSONAL NAME William				
	ADDITIONAL NAME(S)/INITIAL(S)  Arthur Philip Louis of the family,	SUFFIX	THE ABOVE SPAC	E IS FOR FILING OFFICE	USE ONLY
19.	ADDITIONAL DEBTOR'S NAME: Provide only <u>one</u> Debtor name (19a or 1	19b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name	)
	19a. ORGANIZATION'S NAME  COMMONWEALTH BANK OF AUSTRALIA   COMMONWEAL				
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O PO Box 319	CITY Beeechboro	STATE	POSTAL CODE 6063	COUNTRY
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2	20b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name	)
	20a. ORGANIZATION'S NAME  CENTRAL BANK OF IRAQ   THE REP	DIRLIC OF ID	ΛΩ - DEFED FI	I F NO · 2015-2	02_0820_3
OR	20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		IDE INO. 2013-2. IONAL NAME(S)/INITIAL(S)	SUFFIX
				, , , , ,	
	MAILING ADDRESS O PO Box 319	Beeechboro	STATE	POSTAL CODE 6063	COUNTRY
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2	21b) (use exact, full name; do	not omit, modify, or abbreviate	any part of the Debtor's name	)
	21a. ORGANIZATION'S NAME UNITED NATIONS   UNITED NATION	S CIFT CENT	FR - RFFFR FI	LE NO: 2015-2	98-1279-6
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		IONAL NAME(S)/INITIAL(S)	SUFFIX
21c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
c/	o PO Box 319	Beeechboro		6063	AU
22.	☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGN	OR SECURED PARTY	Y'S NAME: Provide only one	name (22a or 22b)	<b>-</b>
	22a. ORGANIZATION'S NAME				
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
22c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
0.5	APPLITIONAL OF CHIPED BARTING	00 0001000 0455	//C NAME =	4	
23.	ADDITIONAL SECURED PARTY'S NAME or ASSIGN 23a. ORGANIZATION'S NAME	OR SECURED PARTY	Y'S NAME: Provide only one	name (23a or 23b)	
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDI	IONAL NAME/CV/INITIAL/CV	SUFFIX
	23D. INDIVIDUAL 5 SUKNAME	TIRST FERSONAL NAME	ADDII	IONAL NAME(S)/INITIAL(S)	SUFFIX
23c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
0.4	MISCELL ANEOLIS.				

FILING OFFICE COPY — UCC FINANCING STATEMENT ADDITIONAL PARTY (Form UCC1AP) (Rev. 08/22/11)
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International Page 10 Page 10 Page 10 Page 11 Page 11 Page 11 Page 12 Page 12

	LOW INSTRUCTIONS		_			
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here	f line 1b was left blank	Date of Filing Time of Filin			
	18a. ORGANIZATION'S NAME				16-188-3158-5	
OR	18b. INDIVIDUAL'S SURNAME					
	Windsor aka the first son of God  FIRST PERSONAL NAME  William					
	ADDITIONAL NAME(S)/INITIAL(S)  Arthur Philip Louis of the family,	SUFFIX	THE ABOVE S	SPACE IS	S FOR FILING OFFICE U	ISE ONLY
19.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1)  19a. ORGANIZATION'S NAME  LUNA SOCIETY - REFER FILE NO: 2015-2		oot omit, modify, or abb	reviate an	y part of the Debtor's name)	
OR	19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIODA	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O PO Box 319	Beeechboro		STATE	POSTAL CODE 6063	COUNTRY
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2 20a. ORGANIZATION'S NAME	00b) (use exact, full name; do r	not omit, modify, or abb	reviate an	y part of the Debtor's name)	
OR	20b. INDIVIDUAL'S SURNAME  Trump aka the Antichrist	FIRST PERSONAL NAME <b>Donald</b>		ADDITION John	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O PO Box 319	Beeechboro		STATE	POSTAL CODE 6063	COUNTRY
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 21a. ORGANIZATION'S NAME  United States Congress	1b) (use exact, full name; do r	not omit, modify, or abb	reviate an	y part of the Debtor's name)	
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O PO Box 319	Beeechboro		STATE	POSTAL CODE 6063	COUNTRY
22.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO 22a. ORGANIZATION'S NAME	OR SECURED PARTY	'S NAME: Provide or	nly <u>one</u> na	me (22a or 22b)	
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
22c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
23.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURED PARTY	'S NAME: Provide or	nly <u>one</u> na	me (23a or 23b)	•
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
23c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY

-0	LLOW INSTRUCTIONS		_			
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here	f line 1b was left blank	Date of Filing Time of Filin			
	18a. ORGANIZATION'S NAME				16-188-3158-5	
OR	18b. INDIVIDUAL'S SURNAME Windsor aka the first son of God					
	FIRST PERSONAL NAME William					
	ADDITIONAL NAME(S)/INITIAL(S)  Arthur Philip Louis of the family,	SUFFIX	THE ABOVE S	SPACE IS	S FOR FILING OFFICE U	JSE ONLY
19.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1 19a. ORGANIZATION'S NAME	9b) (use exact, full name; do r	not omit, modify, or abbi	eviate an	y part of the Debtor's name)	
OR	19b. INDIVIDUAL'S SURNAME  Busch the first son of God	FIRST PERSONAL NAME  Dario		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O PO Box 319	Beeechboro		STATE	POSTAL CODE 6063	COUNTRY
20.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2 20a. ORGANIZATION'S NAME	00b) (use exact, full name; do r	not omit, modify, or abb	reviate an	y part of the Debtor's name)	
OR	20b. INDIVIDUAL'S SURNAME  Bush the first son of God	FIRST PERSONAL NAME  George		ADDITION Walk	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O PO Box 319	Beeechboro		STATE	POSTAL CODE 6063	COUNTRY
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 21a. ORGANIZATION'S NAME	1b) (use exact, full name; do r	not omit, modify, or abb	reviate an	y part of the Debtor's name)	
OR	21b. INDIVIDUAL'S SURNAME  de Bono the first son of God	FIRST PERSONAL NAME  Edward		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O PO Box 319	Beeechboro		STATE	POSTAL CODE 6063	COUNTRY
22.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURED PARTY	'S NAME: Provide or	ily <u>one</u> na	me (22a or 22b)	
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
22c	. MAILING ADDRESS	CITY	1	STATE	POSTAL CODE	COUNTRY
23.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURED PARTY	'S NAME: Provide on	ıly <u>one</u> na	me (23a or 23b)	
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
23c	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY

-01	LLOW INSTRUCTIONS		_			
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	Date of Filin			
	18a. ORGANIZATION'S NAME			r : 20	16-188-3158-5	
OR	18b. INDIVIDUAL'S SURNAME Windsor aka the first son of God					
	FIRST PERSONAL NAME William					
	Arthur Philip Louis of the family,	SUFFIX	THE ABOVE	SPACE	S FOR FILING OFFICE U	JSE ONLY
19.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1 19a. ORGANIZATION'S NAME	19b) (use exact, full name; o	do not omit, modify, or ab	breviate an	y part of the Debtor's name)	
OR	19b. INDIVIDUAL'S SURNAME Putin the first son of God	FIRST PERSONAL NAME Vladimir	<u> </u>		NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O PO Box 319	Beeechboro		STATE	POSTAL CODE 6063	AU
20. OR	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20a. ORGANIZATION'S NAME  20b. INDIVIDUAL'S SURNAME	20b) (use exact, full name; o			ny part of the Debtor's name)  NAL NAME(S)/INITIAL(S)	SUFFIX
	Jinping the first son of God	Xi			. , , , , ,	
	MAILING ADDRESS O PO Box 319	Beeechboro		STATE	6063	AU
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 21a. ORGANIZATION'S NAME	21b) (use exact, full name; o	do not omit, modify, or ab	obreviate an	y part of the Debtor's name)	
	21b. INDIVIDUAL'S SURNAME  de Rothschild the first son of God	FIRST PERSONAL NAME Sir Evelyn	Ē		nal name(s)/initial(s) ert Adrian	SUFFIX
	MAILING ADDRESS O PO Box 319	Beeechboro		STATE	6063	AU
22.	ADDITIONAL SECURED PARTY'S NAME or ASSIGN 22a. ORGANIZATION'S NAME	OR SECURED PAR	TY'S NAME: Provide	only <u>one</u> na	me (22a or 22b)	
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	=	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
22c.	. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
23.	ADDITIONAL SECURED PARTY'S NAME or ASSIGN 23a. ORGANIZATION'S NAME	OR SECURED PAR	TY'S NAME: Provide	only <u>one</u> na	me (23a or 23b)	
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	<u> </u>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY

	LLOW INSTRUCTIONS			_			
	NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here	if line 1b was left b	blank	Date of Filin Time of Filin	_		
	18a. ORGANIZATION'S NAME					16-188-3158-5	
OR	18b. INDIVIDUAL'S SURNAME Windsor aka the first son of God						
	FIRST PERSONAL NAME William						
	ADDITIONAL NAME(S)/INITIAL(S)  Arthur Philip Louis of the family,	SL	JFFIX	THE ABOVE	SPACE I	S FOR FILING OFFICE U	JSE ONLY
19.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 1 19a. ORGANIZATION'S NAME	9b) (use exact, fu	ıll name; do n	ot omit, modify, or abl	oreviate an	y part of the Debtor's name)	
OR	19b. INDIVIDUAL'S SURNAME  Netanyahu the first son of God	FIRST PERSON  Benjamin			ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS O PO Box 319	Beeechbo	oro		STATE	POSTAL CODE 6063	COUNTRY
20. OR	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 2 20a. ORGANIZATION'S NAME  20b. INDIVIDUAL'S SURNAME  Bergoglio the first son of God	FIRST PERSON Jorge [Po	IAL NAME			NAL NAME(S)/INITIAL(S)	SUFFIX
	. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
<u>c/</u>	o PO Box 319	Beeechbe	oro			6063	AU
	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 2 21a. ORGANIZATION'S NAME	21b) (use exact, fu	ull name; do r	not omit, modify, or abl	breviate an	y part of the Debtor's name)	
OR	21b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
21c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
22.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURE	D PARTY	S NAME: Provide o	nly <u>one</u> na	me (22a or 22b)	
OR	22b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
22c	. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
23.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURE	D PARTY	S NAME: Provide of	nly <u>one</u> na	me (23a or 23b)	
0.5	23a. ORGANIZATION'S NAME						
OR	23b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c	. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY