

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)  
**Karen Hudes 202 316 0684**

B. E-MAIL CONTACT AT FILER (optional)  
**karenhudes@hotmail.com**

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Global Debt Facility TVM-LSM-666**  
**5203 Falmouth Road**  
**Bethesda, MD 20816**

**attn: Karen Hudes**

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  
**Federal Reserve Bank of Richmond**

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS

<b>701 East Byrd Street</b>	CITY <b>Richmond</b>	STATE <b>VA</b>	POSTAL CODE <b>23219</b>	COUNTRY <b>US</b>
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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

OR

2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

2c. MAILING ADDRESS

	CITY	STATE	POSTAL CODE	COUNTRY

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  
**Global Debt Facility TVM-LSM-666**

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS

<b>5203 Falmouth Road</b>	CITY <b>Bethesda</b>	STATE <b>MD</b>	POSTAL CODE <b>20816</b>	COUNTRY <b>US</b>
---------------------------	-------------------------	--------------------	-----------------------------	----------------------

4. COLLATERAL: This financing statement covers the following collateral:  
**Federal Reserve Notes 200 Boxes Eagle U.S. Hardware Mother Box 5 Boxes**  
**Treaty of Versailles Mother Box 45 Boxes**

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

6b. Check only if applicable and check only one box:  
 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

**Federal Reserve Bank of Richmond**

OR 9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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

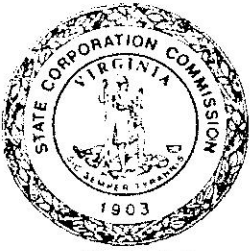
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

**Item 5 - Bilateral Minesfield Breakthrough Successor Agreement dated August 11, 1950**

International Association of Commercial Administrators (IACA)



eFile (01/11)

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

Office of the Clerk

February 27, 2015

Karen Hudes  
5203 Falmouth Road  
Bethesda, MD 20816

RECEIPT

RE: Federal Reserve Bank of Richmond

DCN/FILE NO: 15-02-27-5303-8

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an original financing statement with this office.

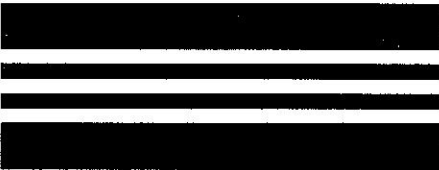
The effective date of the filing is February 27, 2015 at 08:47 AM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck  
Clerk of the Commission

FSACCEPT  
FSO  
CISECOM



RECEIVED  
 IL SECRETARY OF STATE  
 UNIFORM COMMERCIAL CODE

02/28/15 22:25  
 \$20.00 Electronic

**UCC FINANCING STATEMENT**  
 FOLLOW INSTRUCTIONS

**20091045**

**FS**

A. NAME & PHONE OF CONTACT AT FILER (optional) Karen Hudes 301-229-0058	
B. E-MAIL CONTACT AT FILER (optional) karenhudes@hotmail.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; text-align: center;">           Karen Hudes            5203 Falmouth Road            Bethesda, MD, 20816         </div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. 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 UCC 1Ad)

1a. ORGANIZATION'S NAME Federal Reserve Bank of Chicago					
OR	1b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
1c. MAILING ADDRESS 230 South LaSalle Street		CITY Chicago	STATE IL	POSTAL CODE 60604-141	COUNTRY USA

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 UCC 1Ad)

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

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 Global Debt Facility					
OR	3b. INDIVIDUAL'S SURNAME				
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
3c. MAILING ADDRESS 5203 Falmouth Road		CITY Bethesda	STATE MD	POSTAL CODE 20816	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
 Federal Reserve Notes 200 boxes Eagle U.S. Hardware Mother Box 5 Boxes  
 Treaty of Versailles Mother Box 45 Boxes

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

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

RECEIVED  
IL SECRETARY OF STATE  
UNIFORM COMMERCIAL CODE

02/28/15 22:25  
\$20.00 Electronic

**20091045**

FS

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	
Federal Reserve Bank of Chicago	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 and 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		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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: Bilateral Minesfield Breakthrough Successor Agreement August 11, 1950

407246

2015 Mar 02 PM04:18

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)  
Karen Hudes 301-229-0058

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Global Debt Facility TVM-LSM-666  
5203 Falmouth Road  
Bethesda, MD 208162914, USA

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME **Federal Reserve Bank of New York**

OR

1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS **33 Liberty Street** CITY **New York** STATE **NY** POSTAL CODE **10045** COUNTRY **USA**

1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION **banking organization** 1f. JURISDICTION OF ORGANIZATION **Comptroller of the Currency** 1g. ORGANIZATIONAL ID #, if any  NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any  NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME **Global Debt Facility TVM-LSM-666**

OR

3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS **5203 Falmouth Road** CITY **Bethesda** STATE **MD** POSTAL CODE **20816** COUNTRY **USA**

4. This FINANCING STATEMENT covers the following collateral:  
**Federal Reserve Notes 200 Boxes Eagle U.S. Hardware Mother Box 5 Boxes Treaty of Versailles Mother Box 45 Boxes**

5. ALTERNATIVE DESIGNATION (if applicable):  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  THIS FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum  7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA

**Filing Number-201503028075844**

# UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Karen Hudes 202 316 0684
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Karen A Hudes 5203 Falmouth Road Bethesda, MD 20816 USA

DOCUMENT NUMBER: 47616900002  
FILING NUMBER: 15-7453616018  
FILING DATE: 03/06/2015 11:34

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
THE ABOVE SPACE IS FOR CA 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)

OR	1a. ORGANIZATION'S NAME Federal Reserve Bank of San Francisco	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	1b. INDIVIDUAL'S SURNAME			
1c. MAILING ADDRESS 101 Market Street	CITY San Francisco	STATE CA	POSTAL CODE 94105	COUNTRY USA

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)

OR	2a. ORGANIZATION'S NAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	2b. INDIVIDUAL'S SURNAME			
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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

OR	3a. ORGANIZATION'S NAME Global Debt Facility TVM-LSM-666	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	3b. INDIVIDUAL'S SURNAME			
3c. MAILING ADDRESS 5203 Falmouth Road	CITY Bethesda	STATE MD	POSTAL CODE 20816	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
Federal Reserve Notes 200 boxes Eagle U.S. Hardware Mother Box 5 Boxes  
Treaty of Versailles Mother Box 45 Boxes

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input checked="" type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	

FILING OFFICE COPY

## UCC-1 Form

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### FILER INFORMATION

*Full name:* **KAREN HUDES**

### SEND ACKNOWLEDGEMENT TO

*Contact name:* **GLOBAL DEBT FACILITY TVM-LSM-666**

*Mailing Address:* **5203 FALMOUTH ROAD**

*City, State Zip Country:* **BETHESDA, MD 20816 USA**

---

### DEBTOR INFORMATION

*Org. Name:* **FEDERAL RESERVE BANK OF BOSTON**

*Mailing Address:* **600 ATLANTIC AVENUE**

*City, State Zip Country:* **BOSTON, MA MA 02210-2204 USA**

---

### SECURED PARTY INFORMATION

*Org. Name:* **GLOBAL DEBT FACILITY TVM-LSM-666**

*Mailing Address:* **5203 FALMOUTH ROAD**

*City, State Zip Country:* **BETHESDA, MD 20816 USA**

---

**TRANSACTION TYPE: STANDARD**

**COLLATERAL IS HELD IN A TRUST**

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### COLLATERAL

FEDERAL RESERVE NOTES -- 200 BOXES EAGLE U.S. HARDWARE MOTHER BOX 5 BOXIS TREATY OF VERSAILLES MOTHER BOX 45 BOXES

**William Francis Galvin**

Secretary of the Commonwealth of Massachusetts

GLOBAL DEBT FACILITY TVM-LSM-666  
5203 FALMOUTH ROAD  
BETHESDA, MD 20816

To Whom It May Concern:

This letter serves as notification that the SOC has received your filing information. Your filing has been assigned a filing number of 201518068960 and was filed on 3/2/2015 7:10:00 AM. The Secretary of the Commonwealth of Massachusetts thanks you for your compliance.

Sincerely,

William Francis Galvin  
Secretary of the Commonwealth

**UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS**

<b>A. NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Karen Alexandra Hudes 3012290058
<b>B. E-MAIL CONTACT AT FILER (optional)</b>
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> Karen Alexandra Hudes 5203 Falmouth Road Bethesda, MD 20816 USA

**FILING NUMBER: 15-0006662915**  
**FILING DATE: 03/05/2015 06:56 PM**  
**DOCUMENT NUMBER: 594715140002**  
**FILED: Texas Secretary of State**  
**IMAGE GENERATED ELECTRONICALLY FOR WEB FILING**  
**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 <b>Federal Reserve Bank of Dallas</b>				
OR				
	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>2200 N. Pearl Street</b>		CITY <b>Dallas</b>	STATE <b>TX</b>	POSTAL CODE <b>75201</b>
				COUNTRY <b>USA</b>

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				
OR				
	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

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 <b>Global Debt Facility TVM-LSM-666</b>				
OR				
	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>5203 Falmouth Road</b>		CITY <b>Bethesda</b>	STATE <b>MD</b>	POSTAL CODE <b>20816</b>
				COUNTRY <b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:  
 Federal Reserve Notes 200 Boxes Eagle U.S. Hardware Mother Box 5 Boxes  
 Treaty of Versailles Mother Box 45 Boxes

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

6b. Check only if applicable and check only one box:  
 Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

**FILING OFFICE COPY**

**File Number: 2015030206245**  
**Date Filed: 03/02/2015 04:35 PM**  
**Pedro A. Cortés**  
**Acting Secretary of the Commonwealth**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Hudes, Karen Alexandra</b> (301) 229-0058	
B. E-MAIL CONTACT AT FILER (optional) <b>karenhudes@hotmail.com</b>	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Karen Hudes</b> <b>5203 Falmouth Road</b> <b>Bethesda MD 20816</b>	

Barcode too big to fit in this area

**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 <b>Federal Reserve Bank of Philadelphia</b>				
OR	1b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS <b>Ten Independence Mall</b>		CITY <b>Philadelphia</b>	STATE <b>PA</b>	POSTAL CODE <b>19106-1574</b>
			COUNTRY <b>USA</b>	

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				
OR	2b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

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 <b>Global Debt Facility TVM-L SM-666</b>				
OR	3b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS <b>5203 Falmouth Road</b>		CITY <b>Bethesda</b>	STATE <b>MD</b>	POSTAL CODE <b>20816</b>
				COUNTRY <b>USA</b>

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

Federal Reserve Notes 200 Boxes Eagle US Hardware Mother Box 5 Boxes

Treaty of Versailles Mother Box 45 Boxes

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

6b. Check only if applicable and check only one box:  Agricultural Lien  Non-UCC Filing

7. ALTERNATE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

**Hudes, Karen Alexandra 1**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

2015 MAR -9 AM 10:55

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Karen Hudes</b>
B. E-MAIL CONTACT AT FILER (optional) <b>karenhudes@hotmail.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Karen Hudes 5203 Falmouth Road Bethesda, MD 20816</b>

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 1D of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>Federal Reserve Bank of Cleveland</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>1455 East 6th Street</b>	<b>Cleveland</b>	<b>OH</b>	<b>44114</b>	<b>US</b>

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 1D of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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 <b>Global Debt Facility TVM-LSM-666</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>5203 Falmouth Road</b>	<b>Bethesda</b>	<b>MD</b>	<b>20816</b>	<b>US</b>

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

**Federal Reserve Notes—200 Boxes of Eagle U.S. Hardware Mother box 5 boxes  
Treaty of Versailles Mother Box 45 Boxes**

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

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

Filing Number: 817544700027  
Date: 03/16/2015  
Time: 3:52 PM  
STATE OF MINNESOTA  
Office: Office of the Minnesota  
Secretary of State

## UCC1 - Original Filing - UCC Financing Statement

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**RETURN ACKNOWLEDGEMENT TO:**

Karen Hudes  
5203 Falmouth Road  
Bethesda, MD 20816

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**DEBTOR INFORMATION****ORGANIZATION'S NAME**

Federal Reserve Bank of Minneapolis

**MAILING ADDRESS**

90 Hennepin Avenue

**CITY**

Minneapolis

**STATE**

MN

**POSTAL CODE COUNTRY**

55401

USA

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**SECURED PARTY INFORMATION****ORGANIZATION'S NAME**

Global Debt Facility

**MAILING ADDRESS**

5203 Falmouth Road

**CITY**

Bethesda

**STATE**

MD

**POSTAL CODE COUNTRY**

20816

USA

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**COLLATERAL**

Federal Reserve Notes 200 boxes Eagle U.S. Hardware Mother Box 5 Boxes  
Treaty of Versailles Mother Box 45 Boxes

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**ADDITIONAL INFORMATION(IF ANY)**

**TRUST DESIGNATION:** Held In A Trust

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**File Number: 1503165116838**  
**Date Filed: 3/16/2015 4:31 PM**  
**Jason Kander**  
**Secretary of State**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>Global Debt Facility TVM-LSM-666 (301) 229-0058</b>
B. E-MAIL CONTACT AT FILER (optional) <b>KARENHUDES@HOTMAIL.COM</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <b>Global Debt Facility TVM-LSM-666          5203 Falmouth Road          Bethesda, MD 20816-2914</b>

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Page 1 of 1

**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 the 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 <b>Federal Reserve Bank of St. Louis</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS	SUFFIX
1c. MAILING ADDRESS <b>1421 Dr. Martin Luther King Drive</b>		CITY <b>St. Louis</b>	STATE <b>MO</b>	POSTAL CODE <b>63106</b>
				COUNTRY <b>USA</b>

**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 the 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 <b>Federal Reserve Bank of Kansas City</b>				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS	SUFFIX
2c. MAILING ADDRESS <b>1 Memorial Drive</b>		CITY <b>Kansas City</b>	STATE <b>MO</b>	POSTAL CODE <b>64198</b>
				COUNTRY <b>USA</b>

**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 <b>Global Debt Facility</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>5203 Falmouth Road</b>		CITY <b>Bethesda</b>	STATE <b>MD</b>	POSTAL CODE <b>20816</b>
				COUNTRY <b>USA</b>

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

Federal Reserve Notes 200 boxes Eagle U.S. Hardware Mother Box 5 Boxes  
 Treaty of Versailles Mother Box 45 Boxes

5. Check only if applicable and 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 only one box:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and only one box:  
 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

CTY# YEAR UCC #  
 0602015-02179  
 Filed and Recorded Mar-10-2015 08:30am  
 Cathelene Robinson  
 Clerk of Superior Court  
 Fulton County, Georgia

**UCC FINANCING STATEMENT**  
 FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Karen Hudes</b>
B. E-MAIL CONTACT AT FILER (optional) <b>karenhudes@hotmail.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Karen Hudes</b>  <b>5203 Falmouth Road</b>  <b>Bethesda, MD 20816</b> </div>

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 <b>Federal Reserve Bank of Atlanta</b>			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
<b>1000 Peachtree Street NE</b>	<b>Atlanta</b>	<b>GA</b>	<b>30309-4470 US</b>

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			
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

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 <b>Global Debt Facility TVM-LSM-666</b>			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
<b>5203 Falmouth Road</b>	<b>Bethesda</b>	<b>MD</b>	<b>20816 US</b>

4. COLLATERAL: This financing statement covers the following collateral:  
**Federal Reserve Notes -- 200 Boxes of Eagle U.S. Hardware Mother box 5 boxes**  
**Treaty of Versailles Mother Box 45 Boxes**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input checked="" type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessor/Lessee <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
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 <b>Federal Reserve Bank of Atlanta</b>	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

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13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> 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:  
**Bilateral Minesfield Breakthrough Successor Agreement dated August 11, 1950**