

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Heather Ann Tucci-Jarraf 2535094597

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Heather Ann Tucci-Jarraf (253) 509-4597

Gig Harbor, WA 98335

Doc Type: EFINANCING

PROCESSING	\$	5.00
E-RECORD	\$	25.00
ESURCHARGE	\$	6.50

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			
OR			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MILLER	CHARLES	C (INIT'L)	
1c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
1402 Auburn Way N. #416		Auburn	WA 98002-3384 UNITED STATES
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION
unknown		natural person	public/people's
		1g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE
		unknown	

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. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
		2g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> 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			
THE UNITED STATES OF AMERICA [PUBLIC TRUST, 1776]			
OR			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
general delivery		washington	DC NONE UNITED STATES

4. This FINANCING STATEMENT covers the following collateral:

Private ownership of full right, title, interest and ownership, to Commercial Registry, Uniform Commercial Code, PL 88-243, 77 stat 630, duly secured by Charles C. Miller, under receipt # 36090, Doc # 2000043135, May 4, 2000, duly executed by original instrument with original signature and seal of Grantor, Charles C: Miller, gifted to the One People, Grantee, and recorded by assignment under Doc # 20111125781 by Grantor, on December 20, 2011, with actual transfer of original instrument of gift to Grantee, duly accepted by Grantee, specifically Heather Ann Tucci-Jarraf, a natural person, One of the One People, domicil by choice on the state of Washington, from the date of issuance, December 20, 2011; actual original instrument of gift held in custody by duly bonded Trustee of the One People's Public Trust 1776, The United States of America, from date of transfer, December

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOB	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 (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional)	All Debtors		Debtor 1	Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						
BONDED CUSTODIAN TRUSTEE HATJ						

RECORDER OF DEEDS
 Doc Type: EFINANCING

PROCESSING	\$	5.00
E-RECORD	\$	25.00
ESURCHARGE	\$	6.50

UCC FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME MILLER	FIRST NAME CHARLES	MIDDLE NAME/SUFFIX C (INIT'L)
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10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only org name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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11c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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11d. TAX ID #: SSN OR EIN

ADULT INDIVIDUAL ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
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NONE

12. ADDITIONAL SECURED PARTY'S *or* ASSIGNOR S/P'S NAME - insert only org name (12a or 12b)

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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12c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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13. This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing.

14. Description of real estate:

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

15. Additional collateral description:
 20, 2011; bond duly secured under Doc. #2012012555.

17. Check *only* if applicable and check *only* one box.
 Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate

18. Check *only* if applicable and check *only* one box.
 Debtor is a TRANSMITTING UTILITY
 Filed in connection with a Manufactured-Home Transaction -- effective 30 years
 Filed in connection with a Public-Finance Transaction -- effective 30 years