

Certified Mail Tracking Number _____

Notification of Record

TO:

Jacob Lew, DBA Secretary
Department of Treasury
1500 Pennsylvania Avenue NW
Washington, DC 20220

FROM:

John-Henry: Doe
c/o 123 Secured Party Street
Creditor, California [near 97393]
non-domestic/non-assumpsit
united states of America

RE: Accounts/Trusts under account or sub-account 123-45-6789 and/or 4445556646/CA8383232

Dear Secretary of State Record Keeper,

social security number

certificate of live birth file number 1 & 2

Until recently I was unaware that there were affairs being managed on my behalf without my knowledge or consent that have been left improperly tended with atrocious results. Now that it has come to my attention that

- 1) matters are not being handled equitably
- 2) matters are not being handled with efficiency
- 3) in many respects matters are not being taken care of at all
- 4) usurpation of funds is occurring
- 5) there is rampant fraud and deceit
- 6) position of trustee has been left vacant or properly attenuated

I have waived beneficial position and interest to take a position of trustee to manage the affairs of the trust JOHN HENRY DOE TRUST© and full control forth hence as indicated and identified by the account numbers above.

Please return all information to the address above if you have any on hand or is in your care to the Trustee. All others are now barred from handling affairs in re JOHN HENRY DOE TRUST®. All contracts that are in existence for Trust are to be returned to trustee within 30 Days for management or shall be considered vitiated nunc pro tunc, void from inception by the trust forth hence. Your prompt cooperation is greatly appreciated.

Furthermore this and all pertinent documentation has been filed as public record under necessity in the Commercial registry of the State of _____ under filing number: _____. This is notice and acceptance via your receipt of this mailing. If you feel this notice is in any way in error or disagree with the change in position please feel free to rebut this notice with your concerns within 30 days or it will stand as fact prima facie. Notice to agent is notice to principle and notice to principle is notice to agent.

UCC Sec of State Office & Filing Number

Trustee/Secured Party
John-Henry: Doe
Without Prejudice/Without Recourse

Authorized Representative of
JOHN HENRY DOE TRUST®

Date: _____

Enclosures:

- 1) A copy of all documents put on record with the Secretary of Treasury at Puerto Rico including: Cover Letter, Order for Deposit, Management, & Investment, Private Bond for Investment, Certificate of Live Birth endorsed "Accepted for Value", Form 56 appointing MELBA ACOSTA, et al D.B.A., W-8BEN; and
- 2) Form 56 appointing Jacob J. Lew et al D.B.A.; and
- 3) W-8BEN and W-8BEN Affidavit

2) and 3) are ORIGINALS since a copy of an appointment or affidavit is worthless

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MELBA ACOSTA, et al D.B.A. SECRETARY OF TREASURY C/O DEPARTMENT DE HACIENDA, P.O. BOX 9024140 SAN JUAN, PUERTO RICO 00902-4140		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
		4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service)		7010 1870 0003 3100 7505	
PS Form 3811, July 2013		Domestic Return Receipt	

Certified Mail Tracking Number_____

C O V E R L E T T E R

MELBA ACOSTA, et al D.B.A.
SECRETARY OF TREASURY
C/O DEPARTMENT DE HACIENDA,
P.O. BOX 9024140
SAN JUAN, PUERTO RICO 00902-4140

Dear Mr. Rodriguez, Secretary-In-Charge:

Sir you've been chosen by a quorum of the board Of COULD BE ANYONE TRUST to be appointed as fiduciary to manage the included monetary instrument, Account, and investments thereof. If you do not agree with the appointment to this position or dispute acceptance please return all included documentation as well as a letter explaining your position within 30 days and we will happily find another fiduciary to fill the position. If no return is made we will assume that you have accepted the responsibility on behalf of COULD BE ANYONE TRUST.

Thank you for your prompt attention and time in regards to this matter and to our mutual future gain.

Trustee/Secured Party
Could-Be: Anyone
Without Prejudice/Without Recourse

Authorized Representative of
COULD BE ANYONE TRUST

©

ORDER FOR DEPOSIT, MANAGEMENT & INVESTMENT

Certified Mail Tracking Number _____

MELBA ACOSTA, et al D.B.A.
SECRETARY OF TREASURY
C/O DEPARTMENT DE HACIENDA,
P.O. BOX 9024140
SAN JUAN, PUERTO RICO 00902-4140

Tuesday, November 11, 2014

<---Write or type in here date that you are mailing it, or date you prepare doc, if close to the time you actually do mail it

RE: "ORDER FOR DEPOSIT, MANAGEMENT & INVESTMENT" APPOINTMENT ACCORD WITH INTENT, PUBLIC POLICY, AND UNIFORM COMMERCIAL CODE.

Dear Mrs. Acosta, Secretary-in-charge:

Enclosed are 1) \$100,000,000 Bond 3) Form 56
following 2) Accompanying Birth Certificate for 4) W8BEN
documents: Identity and collateral basis of future
earnings.

As per this cover letter you may have noted that by an election of the quorum of the board you have been appointed acting fiduciary.

With the enclosed Form 56 and unanimous decisions by a quorum of the board you have been granted the power to operate and act as fiduciary on behalf of **COULD BE ANYONE TRUST®**. This should allow you to do your job without hindrance. If there are any additional forms you require please let us know post haste.

Without further ado this is our request. The bond at ONE HUNDRED MILLION (\$100,000,000) is issued to the treasury with a maturity date of 25 years hence bearing 4% interest per annum for a full value of \$100,000,000 at maturity date. This is a guarantee of ONE HUNDRED MILLION DOLLARS (\$100,000,000) to the treasury that we make with no money up front requested of the treasury. In return we would like the treasury to use the ONE HUNDRED MILLION DOLLARS (\$100,000,000) to make investment(s) of at least 5% per annum in safe non speculative investments, 4% of which will be held on account or reinvested to continue to accrue and roll over to cover the bonds value at maturity. Please also note the included account and routing numbers at the bottom right of the bond to be used for anything over the 4% per annum divisible on a monthly basis accordingly. Please deposit overages into that account for use by the trust in operations and other investments. This agreement creates full security of the funds as you are guaranteed to be paid as they will accrue in your control, furthermore we will also pledge the assets of the trust as a guarantee of payment in full upon maturity or if it pleases the treasury to reissue another bond on the same basis.

With this REGISTERED transaction the "ORDER FOR DEPOSIT" documented by the enclosed forms are for use by the United States/USA, Inc., and are deemed complete. Please notify S.O.T. – Washington D.C as to this "ORDER FOR DEPOSIT" transaction if necessary.

Your time and attention to this matter is greatly appreciated and it is a pleasure to work with you. If you need anything please feel free to contact me.

ENCLOSURES

- 1) \$100,000,000 Bond
- 2) Accompanying Birth Certificate for collateral basis of future earnings and proof of identity.
- 3) Form 56
- 4) W8BEN

Could-Be: Anyone on behalf of
COULD BE ANYONE TRUST®
c/o 321 MyStreet Road
SPC-City, SPC-State [65432]
Non-Domestic / Non-Assumpsit
Priority-Exempt from Levy, Without Prejudice

Tracking No. _____

<---Write in Certified Mailing
Number

TO: Secretary of the Treasury / I.M.F.
C/O DEPARTMENT DE HACIENDA
P.O. BOX 9024140,
SAN JUAN, PR 00902-4140

**PRIVATE REGISTERED
BOND FOR INVESTMENT**
Value of Bond is: \$100,000,000.00
ONE HUNDRED MILLION U.S. DOLLARS

**PRIVATE REGISTERED SELF BACKED BOND BASED ON FUTURE EARNINGS IN RE:
LIVE BIRTH # 131-458754/15487542/123-45-6789 for Investment at the discretion of the
Secretary of the Treasury/U.S. DEPARTMENT OF THE TREASURY as Fiduciary**

Attention: Fiduciary/Receiver:

The below Undersigned Principal, Could-Be: Anyone on behalf of the COULD BE ANYONE ESTATE/TRUST, herewith includes proof of the original issued instrument for basis of future value predicated on Certificate of Live Birth under Number 131-458754/15487542. Current value accepted and issued as credit as indicated at the same amount as this bond. All endorsements front and back, to be attached to the original. The Undersigned Principal being the only known legitimate party having ameliorated value into aforesaid, contributing of the credit assured therein.

Tendered in accordance with all applicable laws including but not limited to UCC 1-104 and Public Law 73-10 and Chap. 48, 48 Stat. 112.

BOND ORDER

You are hereby directed to utilize said credit (asset funds) for sound investment purposes not including games of speculation. This bond valued at ONE HUNDRED MILLION (\$100,000,000) is issued to the treasury with a maturity date of 25 years hence bearing 4% interest per annum for a full value of \$100,000,000 at maturity date. This credit we issue with guarantee of ONE HUNDRED MILLION DOLLARS (\$100,000,000) to the treasury that we make with no request for money up front. In return we would like the treasury to use the credit of ONE HUNDRED MILLION DOLLARS (\$100,000,000) to make investment(s) of at least 5% per annum in safe non speculative investments, 4% of which will be held on account or reinvested to continue to accrue and roll over to cover the bonds value at maturity. Please also note the below bank account & routing numbe to be used for anything over the 4% per annum divisible on a monthly basis accordingly available after the first 90 days from the date of receipt indicate on the green card return receipt from acceptance. Please deposit overages into the aforementioned account for use by the trust in operations and other investments. This agreement creates full security of the funds as you are guaranteed to be paid as they will accrue in your control, furthermore we will also pledge the current and future assets of the trust as a guarantee of payment in full upon maturity or if it pleases the treasury to reissue another bond on the same basis. This Bond shall be ledgered as an asset to mature in Twenty-Five (25) years from the date of issuance or dissolution of the ESTATE/TRUST (with 6 months' notice to the treasury to wind up affairs) and shall be paid in full from the COULD BE ANYONE ESTATE/TRUST carrying 4% interest until such time.

The Secretary of the Treasury shall have Thirty (30) days from the date of receipt of this Bond, as witnessed by the date of receipt affixed to the USPO Registered Mail Receipt, to dishonor this Bond by returning this Bond to the Principal at the address below by mail verified by return receipt, with an explanation of all deficiencies. Failure to return the Bond as stated shall constitute Acceptance and Honoring of this Bond

All overages held and not distributed may be used at the discretion of COULD BE ANYONE ESTATE/TRUST for set-off any private, commercial, corporate or Public bills, taxes, debts, money claims, demand(s) for payment(s) and the like, used in any regular course of business affairs as well as backing for lending at institutions for lines of credit, to transmit electronic telex or other instruction to the vendor/creditor to remove 'ledgered debt' from their books or for discharge/setoff for adjustment of account for settlement and/or closure. Void where prohibited by law.

Trustee/Secured Party:
on behalf of ~~COULD BE ANYONE TRUST~~ 123 ANYWHERE
DBTRCITY, DBTRSATE 12345

Account No.: _____
Routing No.: _____

Item

Account Number is the Social Security number WITHOUT dashes and leave routing line blank. (or, if you set up a bank account for your TRUST, then use the account number and routing number for the local bank (wells fargo/pnc/etc).

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY
SACRAMENTO, CALIFORNIA

STATE FILE NUMBER 54-240775		CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 3400 1503
THIS CHILD	1A. NAME OF CHILD—FIRST NAME CHRISTOPHER	1B. MIDDLE NAME ALLEN	1C. LAST NAME [REDACTED]	
	2. SEX Male	3A. CHILD BIRTH SINGLE, TWIN, OR TRIPLET Single	3B. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD	4A. DATE OF BIRTH—MONTH, DAY, YEAR November 13, 1954
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL		5B. STREET ADDRESS (OR STREET OR RAILROAD ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBER) [REDACTED]	
	5C. CITY OR TOWN Sacramento		5D. COUNTY Sacramento	
MOTHER OF CHILD	6A. MAIDEN NAME OF MOTHER—FIRST NAME ROSE	6B. MIDDLE NAME MARIE	6C. LAST NAME [REDACTED]	7. COLOR OR RACE OF MOTHER Caucasian
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 21 YEARS	9. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	10. MAILING ADDRESS OF MOTHER—[REDACTED]	
USUAL RESIDENCE OF MOTHER (ENTRANCE DOES MOTHER LIVE?)	11A. USUAL RESIDENCE OF MOTHER—STREET ADDRESS (OR STREET OR RAILROAD ADDRESS OR LOCATION) [REDACTED]		11B. IF INSIDE CORPORATE LIMITS <input type="checkbox"/> CHECK HERE	
	11C. CITY OR TOWN Sacramento		11D. COUNTY Sacramento	
FATHER OF CHILD	12A. NAME OF FATHER—FIRST NAME WILLIAM	12B. MIDDLE NAME SPENCER	12C. LAST NAME [REDACTED]	13. COLOR OR RACE OF FATHER Caucasian
	14. AGE OF FATHER (AT TIME OF THIS BIRTH) 32 YEARS	15. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	16A. PRESENT OR LAST OCCUPATION Cook and oven maintainer	
INFORMANT'S CERTIFICATION	17A. I HAVE REVIEWED THE ABOVE STATED INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		17B. DATE SIGNED BY INFORMANT	
ATTENDANT'S CERTIFICATION	18A. PHYSICIAN (IF OTHER PERSON SIGNED, SIGNATURE OF PHYSICIAN REQUIRED) [Signature]		18B. ADDRESS Rural Sacramento	
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ADDED BY SUPPLEMENTAL NAME REPORT		20. LOCAL REGISTRAR—[Signature] F. O. Church, M.	

ACCEPTED FOR VALUE AND HONOR
EXEMPT FROM LEVY
For my remedy, Release of the Proceeds, Products,
Accounts, and fixtures in the Order(s) to Me
immediately in the Accordance with the Public Policy,
HJR-192, UCC 10-104 and UCC 1-104
Exemption ID # _____
UCC Contract Trust Acct. # _____
Value: \$ _____ Date: _____
/s/ _____

Exemption ID = social without dashes ex 123456789
UCC Trust Acct. # social with dashes ex 123-45-6789
Value: \$100,000,000.00 Date: [today's date] ex June 25, 2015 NOT in "6/25/15" format!
/s/ = [real man's signature] ex John-Henry: Doe in script

on file in the office of the SACRAMENTO COUNTY CLERK-RECORDER.

DATE ISSUED:

APR 27 2009

FREDERICK B. GARCIA, CLERK-RECORDER
SACRAMENTO COUNTY, CALIFORNIA

(This copy not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk-Recorder.)

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Notice Concerning Fiduciary Relationship

(Internal Revenue Code sections 6036 and 6903)

OMB No. 1545-0013

Part I Identification

Name of person for whom you are acting (as shown on the tax return) COULD BE ANYONE TRUST	Identifying number	Decedent's social security no.
Address of person for whom you are acting (number, street, and room or suite no.) 123 ANYWHERE		
City or town, state, and ZIP code (if a foreign address, see instructions.) DBTRCITY, DBTRSATE 12345		
Fiduciary's name MELBA ACOSTA, et al D.B.A. SECRETARY OF TREASURY (UNITED STATES)		
Address of fiduciary (number, street, and room or suite no.) P.O. BOX 9024140		
City or town, state, and ZIP code SAN JUAN, PUERTO RICO 00902-4140	Telephone number (optional) 787) 721-2020	

Section A. Authority

- 1 Authority for fiduciary relationship. Check applicable box:
- a ☐ Court appointment of testate estate (valid will exists)
 - b ☐ Court appointment of intestate estate (no valid will exists)
 - c ☐ Court appointment as guardian or conservator
 - d ☒ Valid trust instrument and amendments
 - e ☐ Bankruptcy or assignment for the benefit or creditors
 - f ☐ Other. Describe ►
- 2a If box 1a or 1b is checked, enter the date of death ►
- 2b If box 1c—1f is checked, enter the date of appointment, taking office, or assignment or transfer of assets ►

Section B. Nature of Liability and Tax Notices

- 3 Type of taxes (check all that apply): ☐ Income ☐ Gift ☒ Estate ☐ Generation-skipping transfer ☐ Employment
☐ Excise ☐ Other (describe) ►
- 4 Federal tax form number (check all that apply): a ☐ 706 series b ☐ 709 c ☐ 940 d ☐ 941, 943, 944
e ☐ 1040, 1040-A, or 1040-EZ f ☒ 1041 g ☐ 1120 h ☐ Other (list) ►
- 5 If your authority as a fiduciary does not cover all years or tax periods, check here ► ☐
and list the specific years or periods ►
- 6 If the fiduciary listed wants a copy of notices or other written communications (see the instructions) check this box ► ☐
and enter the year(s) or period(s) for the corresponding line 4 item checked. If more than 1 form entered on line 4h, enter the form number.

Complete only if the line 6 box is checked.

If this item is checked:	Enter year(s) or period(s)	If this item is checked:	Enter year(s) or period(s)
4a		4b	
4c		4d	
4e		4f	
4g		4h:	
4h:		4h:	

Part II Court and Administrative Proceedings

Name of court (if other than a court proceeding, identify the type of proceeding and name of agency)		Date proceeding initiated	
Address of court		Docket number of proceeding	
City or town, state, and ZIP code	Date	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Place of other proceedings

Part III Signature

TRUSTEE On behalf of COULD BE ANYONE TRUST®

Please
Sign
Here

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of the taxpayer.

MELBA ACOSTA

Secretary of Treasury

Fiduciary's signature By appointment of COULD BE ANYONE TRUST®

Title, if applicable

Date

Form **56** (Rev. 12-2011)**ACTUAL & CONSTRUCTIVE LEGAL NOTICE [U.C.C. §§ 1-201] Leave the Date line (above) BLANK!**

By appointment you MELBA ACOSTA, et al D.B.A. have been chosen to act as **fiduciary** in re COULD BE ANYONE TRUST®. Please see accompanying Minutes of Trust designating your appointment. If this appointment is outside of your abilities/scope, or you do not choose to take the position please simply return all documentation to the trust within 30 days and we will designate a new appointment.

Otherwise this document will act as **PUBLIC NOTICE** and will be filed along with related instruments upon the U.C.C. Commercial Registry constituting "**Lawful**", open, notorious, public notice of the subject-matter executed & presented in good-faith U.C.C. § 1-201(19); U.C.C. § 1-203 to the UNITED STATES, i.e., 28 U.S.C. 3002(15)(A); U.C.C. § 9-307(8); U.S.C.A. .Const. Art. 1:8:17-18, by the real party in interest; Trustee/TRUST & Holder-in-Due-Course (**HDC**) of this and all related documents and instruments.

TAKE SPECIAL NOTICE From "Lawful" private Trust jurisdiction ['as defined within, 26 U.S.C. § 7701(a)(31); 8 U.S.C. § 1101(a)(14); 28 U.S.C. § 1603(b)(3)"] **That entity and man are** "Non-Assumpsit"; and "Non-Domestic and Non-Federal" in regards the UNITED STATES and/or any of its "Constituent STATES" incorporated thereof, e.g., inter alia, but not limited to, STATE OF DBTRSATE STATE OF TENNESSEE, and the like; and also in regards the UNITED NATIONS, as well as to England & Russia... Intent to contract does not validate or give ascent to any contract or waiver of right unless implicitly stated in writing. Noting: within a State in order to That Congress cannot create a trade or business, [i.e., "as defined within 26 U.S.C. § 7701(a)(26),"] tax it; [See: inter alia, License Tax Cases, 72 U.S. 462; 18 L.E. 497 (1866); M'Ilvaine v. Coxe's Lessee, 8 U.S. 209; 2 L.E. 598 (1808); and Yick Wo v. Hopkins, 118 U.S. 356, 6 S.Ct 1064 (1886)]. All accounts in relation to 123-45-6789/131-458754/15487542 or the like Accounts are accepted with Claim [11 U.S.C. § 101(5)] and (Special) Maritime Lien upon all related accounts both general & special and if not currently held are to be transferred and held in COULD BE ANYONE TRUST; as defined in TRUST and supporting documentation. Lien will be removed when transference and control of all aforesaid accounts are transferred in full to trust under Trustee's sole control. Without prejudice, for cause,

JURATNote: This must
be signed in front
of the notary!!

Trustee/Secured Party: Could-Be: Anyone
on behalf of COULD BE ANYONE TRUST®
All Rights Reserved, Without Prejudice. UCC 1-308

County of _____)
) Scilicet
_____ State)

SUBSCRIBED AND SWORN TO before me this _____ day of _____ A.D. 20 _____.

Notary Public Signature Seal

My Commission Expires _____

X) Notary Acknowledgment FRE 902(B); I the Notary hereto this (International) Commercial Affidavit, duly depose, that the person executing this document, is personally known to me, or has presented sufficient evidence to establish his lawful identity & status; I accept same as evidence of the facts presented, I depose nothing more; executed by My signature & Seal, as authorized under My Commission.

**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding**

► Section references are to the Internal Revenue Code. ► See separate instructions.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual W-9
- A person claiming an exemption is effectively connected with the conduct of a trade or business in the United States W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) W-8ECI or W-8EXP

Note: These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary W-8IMY

Note: See instructions for additional exceptions.

Instead, use Form:

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner COULD BE ANYONE TRUST®		2 Country of incorporation or organization UNITED STATES															
3 Type of beneficial owner: <table border="0"><tr><td><input type="checkbox"/> Individual</td><td><input type="checkbox"/> Corporation</td><td><input type="checkbox"/> Disregarded entity</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Simple trust</td></tr><tr><td><input type="checkbox"/> Grantor trust</td><td><input checked="" type="checkbox"/> Complex trust</td><td><input type="checkbox"/> Estate</td><td><input type="checkbox"/> Government</td><td><input type="checkbox"/> International organization</td></tr><tr><td><input type="checkbox"/> Central bank of issue</td><td><input type="checkbox"/> Tax-exempt organization</td><td><input checked="" type="checkbox"/> Private foundation</td><td colspan="2"></td></tr></table>			<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust	<input type="checkbox"/> Grantor trust	<input checked="" type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization	<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input checked="" type="checkbox"/> Private foundation		
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Disregarded entity	<input type="checkbox"/> Partnership	<input type="checkbox"/> Simple trust													
<input type="checkbox"/> Grantor trust	<input checked="" type="checkbox"/> Complex trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Government	<input type="checkbox"/> International organization													
<input type="checkbox"/> Central bank of issue	<input type="checkbox"/> Tax-exempt organization	<input checked="" type="checkbox"/> Private foundation															
4 Permanent residence address (street, apt. or suite no., or rural route). P.O. Box 9024140 City or town, state or province. Include postal code where appropriate. San Juan, P.R. 00902-4140			Country (do not abbreviate) UNITED STATES														
5 Mailing address (if different from above) C/O 321 MyStreet City or town, state or province. Include postal code where appropriate. SPC City, SPC State Republic			Country (do not abbreviate) United States of America														
6 U.S. taxpayer identification number, if required (see instructions) Not Required per W-8BEN Inst p.1,2,4,5 (Cat. 25576H); W-8 Supp. Inst p.1,2,6 (Cat. 26698G) Pub. 515 Inst. p.7; Form 1042-s Inst. P.1,14; 31 CFR 103.34(a)(3)(x)		7 Foreign tax identifying number, if any (optional)															
8 Reference number(s) (see instructions) 26 CFR 1.871-1(b)(1)(i)																	

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

a ☐ The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.

b ☐ If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c ☐ The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d ☐ The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).

e ☐ The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):
Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

- 11** ☐ I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part IV Certification

Under penalties of perjury from without the "United States" in accordance with 28 U.S.C. 1746(1), I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete when litigated only in a state court with a jury trial. I further certify under penalties of perjury that:

- 1** I am the nonresident alien (or am authorized to sign for the nonresident alien) of all the transactions to which this form relates
- 2** The nonresident alien is NOT a U.S. person and is not liable for withholding or paying income taxes or filing returns under 26 U.S.C. or 26 C.F.R.
- 3** The income to which this form relates is not effectively connected with the conduct of a "trade or business" within the "United States" and is not subject to tax under an income tax law or treaty, and
- 4** For broker transactions or broker transaction, the nonresident alien is a "foreign estate" as defined in 26 U.S.C. 7701(a)(31)
- The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-U.S. person and, if applicable, obtain a reduced rate of withholding.

Sign Here

On behalf of **COULD BE ANYONE**
Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Trustee [UCC 1-210 (35)]
Capacity in which acting

W8BEN Affidavit

(International) Commercial Affidavit

This Affidavit in regards to the W-8BEN on the obverse side is executed as Lawful ***PUBLIC NOTICE*** [U.C.C. § 1-201(25)(26)(27)]. The Trustee/Secured Party signatory hereto is executing document under signature; expressly to ***declare trust/trustees stature as a Non-Resident-Alien in regards to U.S. Inc. (Id)*** with no duress, in accord the terms of the aforementioned. Therefore, I, the Trustee/Secured Party duly depose and says without recourse that, the foregoing is true, correct, and certain; and if called as a witness, I am One; who can "Testify" to the facts, evidenced, and subject-matter within Trust Documentation and supporting documents as well as the "W-8BEN" evidence(d) on the obverse side of this page; executed hereunder; and expressly supported by this Affidavit; executed as dated below, nunc pro tunc to 08/08/2006 the date or original creation of trust.

NOTICE TO AGENT IS [imputed] NOTICE TO PRINCIPAL, NOTICE TO PRINCIPAL IS [Imputed] NOTICE TO ALL AGENTS OF THE SUBJECT MATTER HEREIN, and PR [UCC. § 1-201(19) UCC § 1-203; UCC § 1-202].

This Affidavit is executed under the penalty of [i.e., "28 U.S.C. § 3002(15)(A); U.C.C. § 9-307(8) U.S.C. § 1746(1)] expressly without UNITED STATES, :17- 18,"] Administered by a commissioned officer, i.e., Notary Public in accordance who is also acknowledging same [in accordance Fed.R.Evid. 902(1)(B)].

Note: This must
be signed in front
of the notary!!

Trustee/Secured Party: Could-Be: Anyone
on behalf of **COULD BE ANYONE TRUST ©**
All Rights Reserved, Without Prejudice. [UCC 1-308]

JURAT

County of _____)
) Scilicet
_____ State)

SUBSCRIBED AND SWORN TO before me this _____ day of _____ A.D. 20_____.

Notary Public Signature Seal
My Commission Expires _____

(X) Notary Acknowledgment FRE 902(B); I the Notary hereto this (International) Commercial Affidavit, duly depose, that the person executing this document, is personally known to me, or he has presented sufficient evidence to establish his lawful identity & status; I accept same as evidence of the facts presented, I depose nothing more; executed by My signature & Seal, as authorized under My Commission.

This is for Enterprise Computing Center, a separate mailing than Jacob Lew.
So use a SEPARATE Certified Mailing Number!

Certified Mail Tracking Number _____

Notification of Record

TO:

Enterprise Computing Center-Martinsburg
Attn: Chief, Information Returns Branch
Mail Stop 360
230 Murall Dr
Kearneysville, WV 25430

FROM:

John-Henry: Doe
c/o 123 Secured Party Street
Creditor, California [near 97393]
non-domestic/non-assumpsit
united states of America

RE: Accounts/Trusts under account or sub-account 123-45-6789 and/or 4445556646/CA8383232

Dear Secretary of State Record Keeper,

social security number

certificate of live birth file number 1 & 2

Until recently I was unaware that there were affairs being managed on my behalf without my knowledge or consent that have been left improperly tended with atrocious results. Now that it has come to my attention that

- 1) matters are not being handled equitably
- 2) matters are not being handled with efficiency
- 3) in many respects matters are not being taken care of at all
- 4) usurpation of funds is occurring
- 5) there is rampant fraud and deceit
- 6) position of trustee has been left vacant or properly attenuated

I have waived beneficial position and interest to take a position of trustee to manage the affairs of the trust JOHN HENRY DOE TRUST[®] and full control forth hence as indicated and identified by the account numbers above.

Please return all information to the address above if you have any on hand or is in your care to the Trustee. All others are now barred from handling affairs in re JOHN HENRY DOE TRUST[®]. All contracts that are in existence for Trust are to be returned to trustee within 30 Days for management or shall be considered vitiated nunc pro tunc, void from inception by the trust forth hence. Your prompt cooperation is greatly appreciated.

Furthermore this and all pertinent documentation has been filed as public record under necessity in the Commercial registry of the State of _____ under filing number: _____. This is notice and acceptance via your receipt of this mailing. If you feel this notice is in any way in error or disagree with the change in position please feel free to rebut this notice with your concerns within 30 days or it will stand as fact prima facie. Notice to agent is notice to principle and notice to principle is notice to agent.

UCC Sec of State Office & Filing Number

Trustee/Secured Party
John-Henry: Doe
Without Prejudice/Without Recourse

Date: _____
Authorized Representative of
JOHN HENRY DOE TRUST[®]

Enclosures:

- 1) A copy of all documents put on record with the Secretary of Treasury at Puerto Rico including: Cover Letter, Order for Deposit, Management, & Investment, Private Bond for Investment, Certificate of Live Birth endorsed "Accepted for Value", Form 56 appointing MELBA ACOSTA, et al D.B.A., W-8BEN; and
- 2) Form 56 appointing Jacob J. Lew et al D.B.A.; and
- 3) W-8BEN and W-8BEN Affidavit

2) and 3) are ORIGINALS since a copy of an appointment or affidavit is worthless

This is the 3rd distinctly separate "Notification of Record" mailing. This one goes to Secretary of State in the State you live at or were born at (if they have not yet been given notice because you did not do your UCC-1 filing there)

Certified Mail Tracking Number _____

Notification of Record

TO:
SECRETARY OF STATE FLORIDA
500 S BRONOUGH ST
TALLAHASSEE, FL 32399

FROM:
John-Henry: Doe
c/o 123 Secured Party Street
Creditor, California [near 97393]
non-domestic/non-assumpsit
united states of America

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UCC Sec of State Office & Filing Number

Trustee/Secured Party
John-Henry: Doe
Without Prejudice/Without Recourse

Authorized Representative of
JOHN HENRY DOE TRUST®

Date: _____

The notices to the Secretary of State DO NOT include any of the ENCLOSURES listed in the Jacob Lew or Enterprise Computing mailing(s)

OPTIONAL 4TH NOTICE: This goes to another state you would like to put on notice, that you may come into contact with agents/officers of the state in your dealings and/or travels. i.e. State you live at or were born at, or travel to regularly, if not already covered in previous steps.

Certified Mail Tracking Number _____

Notification of Record

TO:
SECRETARY OF STATE CALIFORNIA
1500 11th Street
Sacramento, California 95814

FROM:
John-Henry: Doe
c/o 123 Secured Party Street
Creditor, California [near 97393]
non-domestic/non-assumpsit
united states of America

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John-Henry: Doe
Without Prejudice/Without Recourse

Authorized Representative of
JOHN HENRY DOE TRUST[®]

Date _____

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