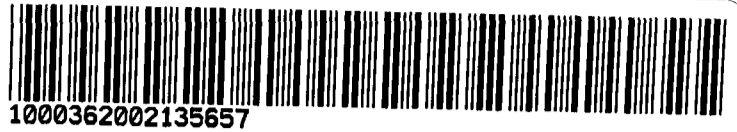


UCC APPROVAL SHEET

** KEEP WITH DOCUMENT **

TRANSACTION TYPE **FEES REMITTED**

_____	UO – Original Financing Statement	\$25.00
_____	UOA – Original Financing Statement	
_____	with assignment	\$25.00
_____	UOTU – Original Financing Statement	
_____	Transmitting Utility	\$25.00
_____	UMA – Amendment	\$25.00
<input checked="" type="checkbox"/>	UMDA – Amendment – Debtor Added	\$25.00
_____	UMDC – Amendment –	
_____	Debtor Name Change	\$25.00
_____	UMDD – Amendment – Debtor Deleted	\$25.00
_____	UMSA – Amendment –	
_____	Secured Party Added	\$25.00
_____	UMSC – Amendment –	
_____	Secured Party Name Change	\$25.00
_____	UMSD – Amendment –	
_____	Secured Party Deleted	\$25.00
_____	UMC – Amendment – Continuation	\$25.00
_____	UMT – Amendment – Termination	\$25.00
_____	UMZ – Amendment – Assignment	\$25.00
_____	UMZP – Amendment –	
_____	Partial Assignment	\$25.00
_____	UMCS – Amendment –	
_____	Correction Statement	\$25.00
_____	UOMH – Manufactured Home –	
_____	Original Financing Statement	\$25.00
_____	UOPF – Public Finance –	
_____	Original Financing Statement	\$25.00
_____	Documents Nine (9) Pages or More	\$75.00
_____	Certified Copies	
_____	Plain Copies	
_____	TOTAL FEES:	<u>25</u>



RECORDED ON 08/12/2011 AT 10:25 AM
 IN THE FINANCING RECORDS OF THE MD. ST.
 DEPARTMENT OF ASSESSMENTS AND TAXATION.
 WO # 0003846966 ACK # 1000362002135657
 ORIGINAL FILE NUMBER: 0000000181425776
 PAGES: 0002

OTHER CHANGES:

Code _____

Attention: _____

Mail to Address:

US TREASURY
 INTERNAL REVENUE SERVICE
 80 CALVERT STREET
 ANNAPOLIS MD 21404

NO FEE TRANSACTION TYPES

- _____ URC – Copies
- _____ UNCP – Void – Non-Payment
- _____ UCC – Cancellation
- _____ UCR – Reinstatement
- _____ UCO – Departmental Action
- _____ UCREF – Refund Recordation Tax
- _____ UCIS – Incorrect ID Number
- _____ XOVRU – UCC Overrides
- _____ UMFC – Filing Office Correction Statement

Method of Payment:

Cash Check Credit Card

Number of Checks

Comments(s):

Stamp work order and customer number here

CUST ID: 0002630386
 WORK ORDER: 0003846966
 DATE: 08-12-2011 10:25 AM
 AMT. PAID: \$300.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2011 AUG 12 A 10:26

DEPARTMENT OF
ASSESSMENT
& TAXATION

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**U.S. TREASURY,
INTERNAL REVENUE SERVICE
Comptroller of Maryland, Enforcement Division
Revenue Administration Center
80 Calvert Street
Annapolis, MD 21404**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **0000000181425776**

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR **Comptroller of Maryland**

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

BofA (11 USC), 1101 WOOTTON PARKWAY ROCKVILLE MD 20852 u.s.a.

7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any

14,300,000,000,000, DEBTOR a trustee (15 USC) The United States of America AG 59880464 A NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

[14,300,000,000,000.-]

AGRICULTURAL LIEN: 1101 WOOTTON PARKWAY ROCKVILLE, MD 20852 USA

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

OR **THE UNITED STATES DEPARTMENT OF THE TREASURY 1789**

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

Recording as Deed of Trust in the Real-estate records: INITIAL FINANCING STATEMENT FILE # 0000000181425776