0426587

2023 Jun 20 AM09:23

U	CC	FINA	\N(CINC	G ST.	ATEN	MENT

<u>FOL</u>	LOW INSTRUCTION	NS (front and back) CAREFULLY				
A. N La	NAME & PHONE OF (akatos István +36705	CONTACT AT FILE	ER [optional]				
B. 5	SEND ACKNOWLEDG	GMENT TO: (Nan	ne and Address)				
	Táncsics Mihál Mezőladá	y utca 33/a Iny, HU 4641, HUN	•				
				THE ABOV	/E CDACE IC FO	NO EN INO OFFICE U	DE ONLY
1 F	ERTOR'S EVACT	ELLL LEGAL NAM	E inner only one deliver (1-	or 1b) - do not abbreviate or combine names	E SPACE IS FU	OR FILING OFFICE U	SE UNLT
1.1.	1a. ORGANIZATION'S N	AME The One Pe	ople's Public Trust 1776	or (b) - do not appreviate or combine names			
			•				
OR	1b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
1c. N	1c. MAILING ADDRESS 513 25 TH AVE NW			CITY Gig Harbor	STATE POSTAL CODE WA 98335		COUNTRY
1d. <u>S</u>	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR			1f. JURISDICTION OF ORGANIZATION International/Public/Private		X NONE	
2. A	DDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbreviate or co	ombine names		
	2a. ORGANIZATION'S N	IAME					
OR							SUFFIX
OR 2b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	MIDDLE NAME		
2c. N	IAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	y
		DEBTOR			1		NONE
			of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a	or 3b)		
	3a. ORGANIZATION'S N	AME					
OR 3b. INDIVIDUAL'S LAST NAME István		FIRST NAME Lakatos MIDDLE NAME SI					
SUI INDIVIDUAL S LAST NAME ISTVAN			FIRST NAME LAKALOS	MIDDLE	SUFFIX		
3c. N	AILING ADDRESS Tán	esies Mihály utca	33/a	CITY Mezőladány	STATE	POSTAL CODE	COUNTRY
,				inceamon fluating	HU	4641	HUN
4 TH	is FINANCING STATEM	ENT dayors the follow	ing pollotorel:			1	
\$10	,000,000,000.00 (\$10		IN PUBLIC TRUST BY THE	ONE PEOPLES PUBLIC			
	JST 1776 E FILED DOCUMENT:	S:					

UILO Doc. No. 2012127914/ WA DC UCC File No. 2012088865/ WA DC File No. 2012113593/ WA DC UCC File No. 2012079390/ WA DC UCC File No. 2012079322/ WA UCC Doc. No. 2012-296-1209-2/ WA UCC Doc. No. 2000043135/ WA DC UCC File No. 2012128324/ UCC File No. 201229612092

201229612092

**All these REGISTRATIONS, are lawfully and legally binding on any and all former principals, agents, and beneficiaries of the slavery systems, inclusive of any and all Universal, International, National and State equivalents, by PRINCIPAL AGENT DOCTRINE preserved and guaranteed by public policy UCC1-103 common law remedy thereunder guaranteed, public policy UCC 1-305.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCCFILING
 This FINANCING STATEMENT is to be filed [for record] (or recorded) ESTATE RECORDS. Attach Addendum 	in the REAL 7. Check to REQ fif applicable] [ADDITIONAL	UEST SEARCH REPOR	RT(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA					

0426587 2023 Jun 20 AM09:23

			ENTADDENDUM					
	LOW INSTRUCTIONS		N RELATED FINANCING STA	ATEMENT				
9a. ORGANIZATION'S NAME The One People's Public Trust 1776				A) LINEIVI				
00								
OR	9b. łNDIVIDUAL'S LAST I	NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10.	MISCELLANEOUS:							
				<u></u>			IS FOR FILING OFFI	CE USE ONLY
11.	ADDITIONAL DEBTO 11a, ORGANIZATION'S N	R'S EXACT FULL	LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	iate or combine name	s		
	TIB. ORGANIZATIONS N	AME						
OR	11b. INDIVIDUAL'S LAST					T		1
	110. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
110	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
110.	WALLING ADDICESS			On i		SIAIE	FOSTAL CODE	COONTRY
11d.	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	NIZATION	11g. OR0	 GANIZATIONAL ID #, if a	iny NONE
12.	ADDITIONAL SEC	URED PARTY'S	S or ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)		·	
	12a. ORGANIZATION'S N			,	(
OB.								
OR	12b. INDIVIDUAL'S LAST	NAME	1.18	FIRST NAME		MIDDLE	NAME	SUFFIX
12c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
							<u> </u>	
	This FINANCING STATEM collateral, or is filed as a Description of real estate:	_ 🗀	per to be cut or as-extracted	16. Additional collateral descrip	otion:			
	Name and address of a RI (if Debtor does not have a		bove-described real estate					
				47				<u> </u>
				17. Check only if applicable and				
				Debtor is a X Trust or T			operty 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 N		ransaction	— effective 30 vears	
				Filed in connection with a F			•	