## 2019 Nov 18 AM10:34 447520 **UCC FINANCING STATEMENT** FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] giorgio taricco B. SEND ACKNOWLEDGMENT TO: (Name and Address) 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 TARICCO GIORGIO OR 16. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 1c. MAILING ADDRESS c/o Agenzia delle Entrate, via CITY Roma STATE POSTAL CODE COUNTRY Giorgione n.106 [domicile by former law] 00147 1d. SEE INSTRUCTIONS ADD'L INFO RE 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any ORGANIZATION corporation Italy DE8TOR 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 TARICCO Giorgio 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS c/o Procura della Repubblica, corso POSTAL CODE CITY Torino STATE COUNTRY Vittorio Emanuele II, n.130 [domicile by former 10138 ITA 2d. SEE INSTRUCTIONS ADD'L INFO RE 2e, TYPE OF ORGANIZATION CORPORATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any ORGANIZATION Italy 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 OR 36. INDIVIDUAL'S LAST NAME taricco FIRST NAME giorgio MIDDLE NAME SUFFIX 3c. MAILING ADDRESS c/o II-Garavet-1 STATE POSTAL CODE CITY Champorcher-Aosta COUNTRY IΤΑ 4. This FINANCING STATEMENT covers the following collateral: See Collateral Attachment

| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR                                             | CONSIGNEE/CONSIGNOR BAILEE/BAILOR                                              | SELLER/BUYER                     | AG. LIEN X NON-UCCFILIN               |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------|---------------------------------------|
| 6. This FINANCING STATEMENT is to be filed (for record) (or recorded) ESTATE RECORDS. Attach Addendum | in the REAL 7. Check to REQUEST SEARCH REPO<br>fif applicable [ADDITIONAL FEE] | RT(S) on Debtor(s) [optional] Al | Debtor 1 Debtor                       |
| 8. OPTIONAL FILER REFERENCE DATA UCC FINANCING STATEME                                                | NT #201908208374387 AND #201909108403329; R                                    | EGISTERED MAIL A/R               | · · · · · · · · · · · · · · · · · · · |
| N.15317209863-4                                                                                       |                                                                                |                                  |                                       |

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## 2019 Nov 18 AM10:34

| OLLOW INSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        | ENT ADDENDUM<br>CAREFULLY      |                                   |              |              |                                   |                 |
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| 9a. ORGANIZATION'S N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AMETARICCO GIO         | PRGIO                          |                                   |              |              |                                   |                 |
| R 9b. INDIVIDUAL'S LAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME                   | FIRST NAME                     | MIDDLE NAME, SUFFIX               |              |              |                                   |                 |
| . MISCELLANEOUS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                |                                   |              |              |                                   |                 |
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| I. ADDITIONAL DEBTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R'S EXACT FULI         | L LEGAL NAME - insert only one | name (11a or 11b) - do not abbrev |              | TAUL         | IOT ORTHERIO OTTE                 | JE OUE ONE!     |
| 11a. ORGANIZATION'S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NAME Taricco Gio       | orgio                          |                                   |              |              |                                   |                 |
| R 11b. INDIVIDUAL'S LAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME                   |                                | FIRST NAME                        | N            | IDDLE        | NAME                              | SUFFIX          |
| Ic. MAILING ADDRESS C/O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Comune di Torino       | o, piazza Palazzo              | CITY Torino                       | s            | STATE        | POSTAL CODE                       | COUNTRY         |
| di Città, n.1 [domicile to describe to des | ADD'L INFO RE          | 11e. TYPE OF ORGANIZATION      | 11f. JURISDICTION OF ORGAN        |              | IT<br>1g. OR | 10122<br>GANIZATIONAL ID #, if ar | ITA<br>19       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ORGANIZATION<br>DEBTOR | corporation                    | Italy                             |              |              |                                   |                 |
| . X ADDITIONAL SEC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        | S or ASSIGNOR S/P'S            | NAME - insert only one name       | (12a or 12b) |              |                                   |                 |
| 12a. ORGANIZATION'S N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME                   |                                |                                   |              |              |                                   |                 |
| 12b. INDIVIDUAL'S LAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NAME taricco           |                                | FIRST NAME giorgio                | [ N          | IDDLE        | NAME giuseppe                     | SUFFIX          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tariovo                |                                | giolgio                           | l"           |              | giuseppe                          | DOM             |
| c. MAILING ADDRESS c/o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | II-Garavet-1           |                                | CITY Champorcher-Aost             |              | TATE         | POSTAL CODE                       | COUNTRY         |
| . This FINANCING STATE!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VENT source Claim      | ber to be cut or as-extracted  | 16. Additional collateral descrip |              |              |                                   | IIA             |
| collateral, or is filed as a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _ 🗀                    | as-extracted                   | To. Additional collateral descri  | Juon.        |              |                                   |                 |
| . Description of real estate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        |                                |                                   |              |              |                                   |                 |
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| . Name and address of a R<br>(if Debtor does not have a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        | above-described real estate    |                                   |              |              |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                |                                   |              |              |                                   |                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                | Debtor is a Trust or T            | _            | ect to p     | roperty held in trust or          | Decedent's Esta |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                | 18. Check only if applicable and  | -            |              |                                   |                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                        |                                | Filed in connection with a R      |              |              | •                                 |                 |

COLLATERAL ATTACHMENT 447520 2019 Nov 18 AM10:34 pg. 1

Notice to agent is notice to principal, notice to principal is notice to agent. It follows the abstract of the original affidavit that is saved in the care of spiritualis homo giorgio:taricco in the real place on dry land and soil also known-said II-Garavet-1 Champorcher-Aosta-Italia; this original affidavit, registered mail A/R 12967596856-7 dated 05-09-2018, A/R 15317209869-1 dated 04-05-2019 (addendum), A/R 15317209863-4 dated 24-12-2018 (english version), is of public domain and it is available for viewing to the following web address www.public-financing-statement.com. Restated and integrated by reference as if set forth in full UCC#201908208374387 and #201909108403329. The present writing is the transcription of my living word that I, spiritualis homo alive in living body of flesh, bones and blood also known-said as giorgio taricco, have verbally expressed to the men/wo-men (homines) living in a body of flesh, bones and blood, present in front of me and it is a real declaration of facts, in full truth. I am what I am, in the present moment manifesting myself in the spiritualis homo (spiritual man) peaceable and peaceful, alive in living body of flesh, bones and blood also known-said, by the sound of the words, giorgio taricco and I am competent, conscious and aware in writing this affidavit, and I declare the following facts, in full truth, in full authority, responsibility and liability (according to universal law), and I invoke, evoke and summon the very presence of unique and undivided Consciousness, manifold and infinite Consciousness, transcendent and immanent Consciousness, that is what it is, also un-caused cause of any and all existing and living manifestations, included God, god, gods, divinities and deities, et al. of any and all ideation, philosophy, belief, religion, hierarchy, and I am the sole living proprietor, owner, holder, grantor, settlor, fiduciary, agent, prinosophy, belief, religion, hierarchy, and i all the sole living proprietor, whier, holder, grantor, section, nucleary, agent, executor, administrator, manager, trustee, custodian, autographing, titular, title holder, cessionary, assignee, priority creditor, beneficiary of my being, of my energy, of my value, of my living body of flesh, bones and blood and of any creation and any property-good-chattel-ownership attributable to me, spiritualis homo giorgio taricco and to all his identifiers, the abbreviations, idem sonans or other legal and commercial/trading forms, debt or equity securities in any form, credit or debit accounts and balances, beneficial interest (divided or undivided) or any other res bearing the res identifier (or any equivalent): spiritualis homo giorgio taricco and all bonds, debentures, promissory notes, accounts, TreasuryDirect Account, pledges, convenants, contracts, signatures, Mutual Offset Credit Exchange, hypotecations, liens inclusive but not limited to those undeclared (concealed) or other property(ies) (included of all chattels, material and immaterial goods, and all natural forces and energies) declared seized, foreclosed, confiscate, nunc pro tunc and any and all real-goods and intellectual properties, previously and illegitimately attributed to, and acquired through fraud by REPUBBLICA ITALIANA, REPUBLIC OF ITALY (corporation, territorial, municipal, communal, federal), Italia, Italy, ITALIA, ITALY and all its spelling variations, idem sonans, and all chattels, goods, material-good, immaterial-good, included natural forces and energies, as for their registration in and on registers of the "REPUBBLICA ITALIANA" et similia, inclusive but not limited, in the registers of "Ministero dell'Economia e delle Finanze" (MEF), "Agenzia delle Entrate", "Anagrafe Tributaria", "Catasto", "Banca dati Ipotecaria", "Agenzia delle entrate-Riscossione" et similia, and the corporations that refer to them, included of any and other register of any and other corporation, company, ministry, agency, without prejudice, nunc pro tunc.