



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Riezinger, Anna Maria (907) 250-5087</b>
B. E-MAIL CONTACT AT FILER (optional) <b>avannavon@gmail.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Anna Maria Riezinger c/o Post Office Box 520994 2390 South Park Road Big Lake, Alaska 99652</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME <b>ANNA M. RIEZINGER U.S. BANKRUPT PUBLIC TRANSMITTING UTILITY ORGANIZATION</b>						
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>c/o Post Office Box 520994</b>			CITY <b>Big Lake</b>	STATE <b>AK</b>	POSTAL CODE <b>99652</b>	COUNTRY <b>US</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME						
OR	2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>Anna Maria Riezinger American Private International Organization</b>						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>c/o Post Office Box 520994</b>			CITY <b>Big Lake</b>	STATE <b>ak</b>	POSTAL CODE <b>99652</b>	COUNTRY <b>usa</b>

4. COLLATERAL: This financing statement covers the following collateral:  
**All property actual, real, material, or imaginary held in trust or contracting trust or under child labor contract or any construction trust or agreement or contract whatsoever administered under the Universal Construction Code or the Universal Commercial Code involving the named U.S. BANKRUPT PUBLIC TRANSMITTING UTILITY ORGANIZATION and its franchises including ANNA M. RIEZINGER, RIEZINGER, ANNA M., ANNA M. RIEZINGER-VON REITZ, and all and any variations thereof having property in Wisconsin, the Matanuska-Susitna Valley in Alaska or elsewhere.**

Acceptance of any settlement of this claim left incomplete or unpaid in any manner by the Guarantors does not extinguish it and continues to apply to any Principals, Secondaries and Successors.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input checked="" type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input checked="" type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA:	