

# UCC-1

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; padding: 5px;"> Brett Christopher Hooper  care of: 925 North Beneva Road  Suite 609 #2  Sarasota, FL 34232 </div>

MD DEPT. OF ASSESSMENTS & TAXATION

210813-1141000 NS

Date:	8/13/2021
Time:	11:41 AM
Page Count:	2 Pg
Debtor Count:	2
Filing Fees:	\$25.00
Electronic Records Access:	\$0.00
Total:	\$25.00
Order ID#	

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					
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	HOOPER		BRETT	CHRISTOPHER	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
111 N Sanders, Rm 6   PO Box 4210		Helena	MT	59604	US

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
	HOOPER		BRETT	CHRISTOPHER	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2001 Siesta Dr.   #301		Sarasota	FL	34239	US

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					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Hooper		Brett	Christopher	
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
care of: 935 North Beneva Road   Suite 609 #2		Sarasota	FL	34232	US

4. COLLATERAL: This financing statement covers the following collateral:

See attachment.

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1Ad, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

4. COLLATERAL: This financing statement covers the following collateral:

Certificated Security in Bearer or Registered Form; Missoula county, sitting at Helena, Montana account/file No.: 125 68 008343 Local Registration File no. 836 Registration (Notice: Valid Trust Instrument/Bill of lading/Receipt), date Trust/Security recorded & registered upon book: 10 07 1968 - Active Trust

Debtor(s) is a Transfer Agent of a Security(Active Trust) to Trustee(s)/Securities Intermediary(s), for maintaining a securities account for whom the account is maintained and held in Trust for the benefit of Entitlement Holder-Secured Party/Owner.

Entitlement Holder-Secured Party/Owner has established a continuing priority, security interest, and equitable lien in all property and Security Entitlements listed with respect to particular Financial Assets and interest therein held in Trust, by Trustee(s)/Security Intermediary(s), and Entitlement Holder is not subject to any claims, protected under Operation of Law pursuant to U.C.C. - Article 8. This act takes effect; October 7, 1968 - hereinafter (Nunc Pro Tunc), SO ORDERED! ALL PROPERTY BELONGING TO DEBTOR(S) BELONGS TO THE SECURED PARTY

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Administrator  
care of: 935 North Beneva Road  
Suite 609, Number 2  
Sarasota, FL 34232

MD DEPT. OF ASSESSMENTS & TAXATION

220823-1353000 NS

Date: 8/23/2022

Time: 1:53 PM

Page Count: 1 Pg

Debtor Count: 0

Filing Fees: \$25.00

Electronic Records Access: \$0.00

Total: \$25.00

Order ID#

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
210813-1141000

1b.  This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS  
Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13

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

3.  ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

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

5.  PARTY INFORMATION CHANGE:  
Check one of these two boxes:  Debtor or  Secured Party of record  
AND Check one of these three boxes to:  
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
 ADD name: Complete item 7a or 7b, and item 7c  
 DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8.  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral

Indicate collateral:

PRIVATE REGISTERED BOND FOR SETOFF NON-NEGOTIABLE # RB525610854US

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	HOOPER	BRETT	CHRISTOPHER	

10. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Administrator  
care of: 935 North Beneva Road  
Suite 609, Number 2  
Sarasota, FL 34232

MD DEPT. OF ASSESSMENTS & TAXATION

220620-1727001 NS

Date: 6/20/2022  
Time: 5:27 PM  
Page Count: 1 Pg  
Debtor Count: 0  
Filing Fees: \$25.00  
Electronic Records Access: \$0.00  
Total: \$25.00  
Order ID#

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1a. INITIAL FINANCING STATEMENT FILE NUMBER  
210813-1141000

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3.  ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9  
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8
4.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law
5.  PARTY INFORMATION CHANGE:  
Check one of these two boxes:  Debtor or  Secured Party of record  
AND Check one of these three boxes to:  
 CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  
 ADD name: Complete item 7a or 7b, and item 7c  
 DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8.  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral

Indicate collateral:  
Contract Number BCH09251968-SA01  
All property belonging to the DEBTOR belongs to the Secured Party

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME HOOPER	FIRST PERSONAL NAME BRETT	ADDITIONAL NAME(S)/INITIAL(S) CHRISTOPHER	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:  
Liber Number 938354 Serburne County, Minnesota

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Brett Christopher Hooper  
care of: 935 North Beneva Road  
Suite 609, Number 2  
Sarasota, FL 34232

MD DEPT. OF ASSESSMENTS & TAXATION

220823-1413000 NS

Date: 8/23/2022

Time: 2:13 PM

Page Count: 1 Pg

Debtor Count: 0

Filing Fees: \$25.00

Electronic

Records Access: \$0.00

Total: \$25.00

Order ID#

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1a. INITIAL FINANCING STATEMENT FILE NUMBER  
210813-1141000

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AND Check one of these three boxes to:  
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 ADD name: Complete item 7a or 7b, and item 7c  
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6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8.  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral

Indicate collateral:

PRIVATE REGISTERED INDEMNITY BOND # RB525610845US

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME HOOPER	FIRST PERSONAL NAME BRETT	ADDITIONAL NAME(S)/INITIAL(S) CHRISTOPHER	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA:

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Brett Christopher Hooper  
care of: 935 North Beneva Road  
Suite 609, Number 2  
Sarasota, FL 34232

MD DEPT. OF ASSESSMENTS & TAXATION

220823-1425001 NS

Date: 8/23/2022

Time: 2:25 PM

Page Count: 1 Pg

Debtor Count: 0

Filing Fees: \$25.00

Electronic

Records Access: \$0.00

Total: \$25.00

Order ID#

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER  
210813-1141000

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6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8.  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral

Indicate collateral:

PRIVATE REGISTERED OFFSET AND DISCHARGE BOND # RB525610837US

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)  
If this is an Amendment authorized by a DEBTOR, check here  and provide name of authorizing Debtor

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S SURNAME HOOPER	FIRST PERSONAL NAME BRETT	ADDITIONAL NAME(S)/INITIAL(S) CHRISTOPHER	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA: