

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Steven Kirk +44 7754 519493</b>
B. E-MAIL CONTACT AT FILER (optional) <b>stkrk7@aol.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>Steven Kirk</b> <b>50 Salcombe Drive</b> <b>Glenfield, Leicester GB LE3 8AF</b>

**Date of Filing : 09/01/2018**  
**Time of Filing : 12:48:00 PM**  
**File Number : 2018-244-0498-6**  
**Lapse Date : 09/01/2023**

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
	<b>Rose</b>	<b>Andrew</b>	<b>Michael</b>	
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>Bristow &amp; Sutor</b>		<b>Bartleet, Washford</b>		<b>B98 0FL</b>
				COUNTRY
				<b>GB</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
	<b>Byng</b>	<b>Michael</b>	<b>Laurence</b>	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>Bristow &amp; Sutor</b>		<b>Bartleet, Washford</b>		<b>B98 0FL</b>
				COUNTRY
				<b>GB</b>

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
	<b>Kirk</b>	<b>Steven</b>		
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>50 Salcombe Drive</b>		<b>Glenfield, Leicester</b>		<b>LE3 8AF</b>
				COUNTRY
				<b>GB</b>

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

**Having served the debtors a witnessed affidavit of obligation commercial lien and was given the commercial grace of 30 days to rebut all/any claims/allegations and fees for damages no rebuttal from the lien debtors Ref No:SK-06072018-AR-MB-RS-BS-AOCL valued at 24 million.**

**A further 3 days was given with a witnessed notice of fault and opportunity to cure and again remained in silence and therefore in full admission of all/any claims/allegations and fees for damages.**

**I have a default certificate and the lien is now matured and a security and deemed a collectible and the value is 24 million and will be the debtors**

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:  
**Ref No:SK-06072018-AR-MB-RS-BS-AOCL valued at 24 million**

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME	
Rose	
FIRST PERSONAL NAME	
Andrew	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Michael,	

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)      14. This FINANCING STATEMENT:

covers timber to be cut     covers as-extracted collateral     is filed as a fixture filing

<p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<p>16. Description of real estate:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
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17. MISCELLANEOUS:  
 Ref No:SK-06072018-AR-MB-RS-BS-AOCL valued at 24 million

# UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME	
OR	
18b. INDIVIDUAL'S SURNAME	
<b>Rose</b>	
FIRST PERSONAL NAME	
<b>Andrew</b>	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>Michael,</b>	

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>Sutor</b>	<b>Richard</b>	<b>James</b>	
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY
<b>Bristow &amp; Sutor</b>	<b>Bartleet, Washford</b>		<b>B98 0FL GB</b>

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

22.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

23.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

24. MISCELLANEOUS:

4. This FINANCING STATEMENT covers the following collateral:

public indemnity bond and should that not cover the lien then the debtors personal and private property as per the commercial lien which was never rebutted.