		S Reco		- 01155 t 500 UCC Centra AM Page	al File
UCC FINANCING STATEMENT AMENDMENT FOLLOWINSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) Anna Maria Riezinger (907) 250-5087]			
B. E-MAIL CONTACT AT FILER (optional) avannavon@gmail.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	-			
The Living Law Firm c/o 1336 Staubbach Circle Anchorage, Alaska 99652					
usa	·				
_		THE ABO	VE SDACE IS EO	R FILING OFFICE US	E ONL V
1a. INITIAL FINANCING STATEMENT FILE NUMBER 2016-017491-3		1b. This FINANCING (or recorded) in	STATEMENT AME	NDMENT is to be filed [f	for record]
TERMINATION: Effectiveness of the Financing Statement	nt identified above is terminated				
ASSIGNMENT (full or partial): Provide name of Assigner	e in item 7a or 7h, and address o	of Assignee in item 7c ar	nd name of Assignor	in item 9	
For partial assignment, complete items 7 and 9 and also in	dicate affected collateral in item	8	ig hame of Assignor	III Kelii 3	
 CONTINUATION: Effectiveness of the Financing Stater continued for the additional period provided by applicable 		t to the security interest	(s) of Secured Party	authorizing this Continue	ation Statement is
PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party 6a. ORGANIZATION'S NAME	AND Check one of these three the CHANGE name and/or item 6a or 6b; and item Information Change - provide only	address: Complete 7a or 7b <u>and</u> item 7c	ADD name: Comple 7a or 7b, <u>and</u> item 7	ete itemDELETE nam cto be deleted	e: Give record name in item 6a or 6b
OR 6b. INDIVIDUAL'S SURNAME	NDIVIDUAL'S SURNAME FIRST PERSON		IAL NAME ADDITIONAL NAM		SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assign 7a. ORGANIZATION'S NAME	ment or Party Information Change - provide	only one name (7a or 7b) (use	exact, full name; do not or	mit, modify, or abbreviate any pa	rt of the Debtor's name)
The United States	V				
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			1		SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
c/o 1336 Staubbach Circle	Anchor	age	AK	99508	USA
8. COLLATERAL CHANGE: Also check one of these four Indicate collateral:		DELETE collateral		est formation and a reason of monotonic and a students.	ASSIGN collateral
All collateral extracted via 2013-765902-5 a conveyed and assigned from the United Star by the Municipal United States Governmen doing business as The United States. This within 2016-017491-3 to be returned as claim DEED OF TRUST filings including 2007-06	tes to The United State t are assigned to the or Assignment shall also i med Alien Property ex	s; that is, all land riginal Union of l nclude all prope tracted from all	d and soil juri land and soil j rty of each St MASTER FC	isdiction assets he jurisdiction repu ate trust as enum	eld in trust blican states, perated
9. NAME OF SECURED PARTY OF RECORD AUTHOR If this is an Amendment authorized by a DEBTOR, check here	RIZING THIS AMENDMENT: and provide name of authoriz		a or 9b) (name of As	signor, if this is an Assign	ment)
9a ORGANIZATION'S NAME Alaska State					
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA:
This concludes re-assignment of all State trust assets to the Originators and Issuers.