

UCC APPROVAL SHEET
**** KEEP WITH DOCUMENT ****

TRANSACTION TYPE

FEES REMITTED

<u>9</u> UO – Original Financing Statement	\$25.00
___ UOA – Original Financing Statement with assignment	\$25.00
___ UOTU – Original Financing Statement Transmitting Utility	\$25.00
___ UMA – Amendment	\$25.00
___ UMDA – Amendment – Debtor Added	\$25.00
___ UMDC – Amendment – Debtor Name Change	\$25.00
___ UMDD – Amendment – Debtor Deleted	\$25.00
___ UMSA – Amendment – Secured Party Added	\$25.00
___ UMSC – Amendment – Secured Party Name Change	\$25.00
___ UMSD – Amendment – Secured Party Deleted	\$25.00
___ UMC – Amendment – Continuation	\$25.00
___ UMT – Amendment – Termination	\$25.00
___ UMZ – Amendment – Assignment	\$25.00
___ UMZP – Amendment – Partial Assignment	\$25.00
___ UMIS – Amendment – Information Statement	\$25.00
___ UOMH – Manufactured Home – Original Financing Statement	\$25.00
___ UOPF – Public Finance – Original Financing Statement	\$25.00
___ Documents Nine (9) Pages or More	\$75.00
___ Certified Copies	
___ Plain Copies	

TOTAL FEES: 280



1000362008091847

Affix Text Label Here

RECORDED ON 06/09/2015 AT 10:11 AM
IN THE FINANCING RECORDS OF THE MD. ST.
DEPARTMENT OF ASSESSMENTS AND TAXATION.
WO # 0004484711 ACK # 1000362008091847
ORIGINAL FILE NUMBER: 0000000181531071
PAGES: 0002

☐ **OTHER CHANGES:**

Code _____

Attention: _____

Mail to Address:

NO FEE TRANSACTION TYPES

___ URC – Copies
___ UNCP – Void – Non-Payment
___ UCC – Cancellation
___ UCR – Reinstatement
___ UCO – Departmental Action
___ UCREF – Refund Recordation Tax
___ UCIS – Incorrect ID Number
___ XOVRU – UCC Overrides
___ UMFC – Filing Office Correction Statement

Method of Payment:

Cash ☐ Check ☒ Credit Card ☐

Number of Checks 7

Comments(s):

CT LIEN SOLUTIONS
P O BOX 29071
GLENDALE CA 91209-9071

CUST ID: 0003268131
WORK ORDER: 0004484711
DATE: 06-12-2015 09:05 AM
AMT. PAID: \$150.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

RECEIVED
DEPARTMENT OF
ASSESSMENTS & TAXATION
JUN 10 2015 111

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 800156 - BB&T - DC	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	48370522 MDMD

File with: Dept of Assessments/Taxation, MD

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 ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, NATIONAL CAPITAL AREA CHAPTER, INC.				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3701 PENDER DR STE 400		CITY FAIRFAX	STATE VA	POSTAL CODE 22030
			COUNTRY USA	

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 BRANCH BANKING & TRUST				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 6400 ARLINGTON BLVD		CITY FALLS CHURCH	STATE VA	POSTAL CODE 22042
			COUNTRY USA	

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

All of Debtor's now owned and hereafter acquired and wherever located, Equipment including all Accessions thereto, and all manufacturer's warranties, parts and tools therefor, Accounts including all contract rights and Health-Care Insurance Receivables, Inventory including all returned inventory, general intangibles including all payment intangibles, copyrights, trademarks, patents, trade names, tax refunds, company records (paper and electronic), rights under equipment leases, warranties, software licenses, supporting obligations, and all proceeds (cash and non-cash) and products of the foregoing. Notice: pursuant to an agreement between Debtor and Secured Party, Debtor has agreed not to grant subsequent security interests in the collateral described herein.

CUST ID: 0003268131
WORK ORDER: 0004484711
DATE: 06-12-2015 09:05 AM
AMT. PAID: \$150.00

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see

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

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

48370522 2060208

Retail