

ACME

ACCOUNT INFORMATION

PAYMENT INFORMATION

DOROTHY L GALE
P.O. BOX 3141
AUSTIN, TX 78757

Summary As Of:

03/01/2010

Account Number: 1212-3434-5678 Reg. Payments due on: 22nd
Balance: \$ 5001.99 Reg. Payment Amount: \$416.24
Payments Made: 7 Maturity Date: 07/22/2014
Last Payment Made: 02/24/2010 Last Payment Amount: \$416.24

Account Status as of: 03/01/2010

Payments Due:
03/22/2010 \$416.24 Fees: \$0.00
Late Charges: \$0.00
Past Due Amount: \$0.00
Total Amount Due: \$416.24

Activity Since Your Last Statement

02/24/2010 Payment Made -\$416.24

Pay Online

We accept payments from checking/savings accounts, credit cards, and pinless debit/ATM cards. You can make a one-time payment or set up a recurring online payment plan. A convenience fee may be charged for using this service.

Pay by Phone

Make your payment by phone anytime. Please have your number from your checking, savings, credit card or pinless debit/ATM account ready when you call. You will also need your Santander Consumer USA account number.

Money Gram

Use Money Gram to make your payment. Bring your payment and fee in cash to the agent nearest you. Call toll-free 1-800-451-1234 for the Money Gram location nearest you.

You will need the following information:
Your account number: 123121234
Receive Code: 123121234

Western Union

Use Western Union Quick Collect to make your payment. Bring your payment and the fee in cash to an agent near you, or use the Quick Collect by Phone service and pay with a VISA or MasterCard issued debit or credit card. Call toll-free 1-800-451-1234 for the agent location nearest you. You will need the following information:

Code City:
State Code:
Your account number:

Payment Information

For prompt and accurate processing of your payment, please write your account number on your check and return it with the lower portion of this statement in the envelope provided.

Money Order

ACME

Alerts

May 24, 2010

Pay to: ACME FINANCIAL CORPORATION
Five thousand one and 99/100s dollars

\$ 5001.99

- ☐ If you are taking advantage of our automatic payment plan or have an address change, please check the box and fill out the reverse side.
- ☐ If you do not want your check converted to an electronic debit, please check the box.

DOROTHY L GALE

ACME FINANCIAL CORPORATION
1234 APPLE LANE
AUGUSTA, GEORGIA 98343

Please make all checks payable to
sending in additional money to reduce your balance, please indicate below.

Payment Due Date: 03/22/2010
Account Number: 1212-3434-5656-7878
TOTAL DUE: \$416.24

Additional Payment: \$
Total Amount Enclosed: \$

By: [Signature] 123121234
authorized representative

This is the back of the Money Order coupon/voucher/remittance

The Front of the 1040V looks like this

Cat. No. 20975C

Form **1040-V** (2009)

▼ Detach Here and Mail With Your Payment and Return ▼

Form 1040-V Department of the Treasury Internal Revenue Service (99)	Payment Voucher ► Do not staple or attach this voucher to your payment or return.	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2009</div>
1 Your social security number (SSN) <div style="font-size: 1.2em; font-weight: bold; color: blue;">123-12-1234</div>	2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order
		Dollars Cents <div style="font-size: 1.2em; font-weight: bold; color: green;">LEAVE BLANK</div>
4 Your first name and initial <div style="font-size: 1.2em; font-weight: bold; color: blue;">DOROTHY L</div>	Last name <div style="font-size: 1.2em; font-weight: bold; color: blue;">GALE</div>	
If a joint return, spouse's first name and initial		Last name
Home address (number and street) <div style="font-size: 1.2em; font-weight: bold; color: blue;">P.O. BOX 3141</div>		Apt. no.
City, town or post office, state, and ZIP code (If a foreign address, enter city, province or state, postal code, and country.) <div style="font-size: 1.2em; font-weight: bold; color: blue;">TORNADO ALLEY, KANSAS 77057</div>		

Cat. No. 20975C

The Back of the 1040V looks like this

ACCEPTED FOR VALUE
 RETURNED FOR VALUE
 EXEMPT FROM LEVY
 PREPAID COMMON STOCK
 DISCHARGE ALL PRESENTMENTS
 AND RELATED FEES
 ADJUST THE BALANCE TO ZERO
 PRIVATE PREPAID TREASURY
 EXEMPTION #123121234
 CHARGE THE SAME TO
 DOROTHY L GALE
 123-12-1234

G. W. W. A.
 May 24, 2010



SECRETARY OF STATE
STATE OF CALIFORNIA

UCC Filing Acknowledgement

03/29/2011

Page 1 of 1

ÖQTQVJ ['N'I CNG
H63"VQTP CF Q'NCP G
SAN PEDRO CA 90731

Filing Fee: \$5.00

Total Fee: \$5.00

The California Secretary of State's Office has received and filed your document. The information below reflects the data that was indexed in our system. Please review the information for accuracy. Included is an image of the filed document to assist you in your review. If you find a potential error, please notify the UCC Section at the number listed below at your earliest convenience.

Filing Type: **Financing Statement**

File Date: **03/29/2011**

File Time: **09:59**

Filing Number: **11-%&') , % &%**

Lapse Date: **03/29/2016**

Debtor(s):

ORGANIZATION

8 CFCH<M @; 5 @

' % %HCFB5 8 C` @ B9` SAN PEDRO CA USA 90731

Secured Party(ies):

INDIVIDUAL

; 5 @ ž8 CFCH<Mž @CI -G9

**C/O ' % %HCFB5 8 C` @ B9, SAN PEDRO,
CALIFORNIA**

Filing by the Secretary of State is not conclusive proof that all conditions for securing priority have been met. Ensuring that accurate information is on the document to be filed is the responsibility of the filing party. If this filing is challenged, the Secretary of State does not guarantee that the filing is legally sufficient to secure priority under UCC Article 9 and expressly disclaims any liability for failure of the filing party to secure priority resulting from the information contained in the filed document, or the lack of information on the filed document.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] 111-111-1111	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 0000VPY/SA00SO HFI FAVUÜPÖÖU/SCÖ SAN PEDRO, CA 90731 USA	

DOCUMENT NUMBER: HFI FÍ JÍ GH Ì
FILING NUMBER: 11-FFGH Ì FHG
FILING DATE: 03/29/2011 09:59
IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names					
OR	1a. ORGANIZATION'S NAME EQTQVL ["N" L CNG				
	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS 5363"VQTP CF Q"NCP G		CITY SAN PEDRO		STATE CA	POSTAL CODE 90731
1d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO	1e. TYPE OF ORGANIZATION LEGAL ENTITY	1f. JURISDICTION OF ORGANIZATION USA	1g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE FG-EGFCH
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names					
OR	2a. ORGANIZATION'S NAME				
	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
2d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)					
OR	3a. ORGANIZATION'S NAME				
	3b. INDIVIDUAL'S LAST NAME I cng	FIRST NAME Fqtqj {	MIDDLE NAME Nqwkug	SUFFIX	
3c. MAILING ADDRESS c/o 5363"Vqtpcf q"Ncpq, San Pedro, California		CITY	STATE	POSTAL CODE	COUNTRY ZZZ
4. This FINANCING STATEMENT covers the following collateral: PRIVATE REGISTERED SETOFF BOND Number FI 3456789 Value of Collateral: One-million and 00/100 Dollars --- USD \$1,000,000.00					
5. ALT DESIGNATION: <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING					
<input type="checkbox"/> 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]			7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2		
8. OPTIONAL FILER REFERENCE DATA					

FILING OFFICE COPY

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

OR	9a. ORGANIZATION'S NAME FQTQVJ ['N' CNG		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

DOCUMENT NUMBER: -----

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

OR	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
11d. SEE INSTRUCTIONS		ADD'L DEBTOR INFO	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			11g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE	

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

OR	12a. ORGANIZATION'S NAME			
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

15. Name and address of RECORD OWNER of above-described real estate
(if Debtor does not have a record interest):

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☒ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction - effective 30 years
☐ Filed in connection with a Public-Finance Transaction - effective 30 years

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SECRETARY OF STATE
STATE OF CALIFORNIA

UCC Amendment Acknowledgement

03/29/2011

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HFI FÄUÜPÖÖUŠÖPÖ

SAN PEDRO CA 90731

Filing Fee: \$5.00

Total Fee: \$5.00

The California Secretary of State's Office has received and filed your document. The information stated below reflects the data that was indexed in our system. Please review the information for accuracy. Included is an image of the filed document to assist you in your review. If you find a potential error, please notify the UCC Section at the number listed below at your earliest convenience.

Amendment Type: **Assignment**

File Date: **03/29/2011**

File Time: **10:02**

Amendment Filing #: **11-**

Original Filing Number: **11-**

Lapse Date: **03/29/2016**

Secured Party(ies):

INDIVIDUAL

**GEITHNER, TIMOTHY, F,
1500 PENNSYLVANIA AVENUE, N.W. WASHINGTON DC
USA 20220**

ORGANIZATION

**UNITED STATES TREASURY
1500 PENNSYLVANIA AVENUE, N.W. WASHINGTON DC
USA 20220**

Filing by the Secretary of State is not conclusive proof that all conditions for securing priority have been met. Ensuring that accurate information is on the document to be filed is the responsibility of the filing party. If this filing is challenged, the Secretary of State does not guarantee that the filing is legally sufficient to secure priority under UCC ARTICLE 9 and expressly disclaims any liability for failure of the filing party to secure priority resulting from the information contained in the filed document, or the lack of information on the filed document.

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] íííííííííí				
B. SEND ACKNOWLEDGMENT TO: (Name and Address) OUUUVPY/\$0050 HFI FÁUUÜPÖÖU/\$0050 SAN PEDRO, CA 90731 USA				DOCUMENT NUMBER: ----- FILING NUMBER: 11- FILING DATE: 03/29/2011 10:02 IMAGE GENERATED ELECTRONICALLY FOR WEB FILING THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 11-33457: 3543			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.	
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination.				
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.				
4. <input checked="" type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.				
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c				
6. CURRENT RECORD INFORMATION:				
OR	6a. ORGANIZATION'S NAME			
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:				
OR	7a. ORGANIZATION'S NAME UNITED STATES TREASURY			
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS 1500 PENNSYLVANIA AVENUE, N.W.		CITY WASHINGTON	STATE DC	POSTAL CODE 20220- COUNTRY USA
7d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input checked="" type="checkbox"/> assigned. PRIVATE REGISTERED SETOFF BOND Number FI 3456789 Value of Collateral: One-million and 00/100 Dollars --- USD \$1,000,000.00				
9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this amendment.				
OR	a. ORGANIZATION'S NAME			
	b. INDIVIDUAL'S LAST NAME I crg	FIRST NAME Fqtqj {	MIDDLE NAME Nqwkug	SUFFIX
10. OPTIONAL FILER REFERENCE DATA				

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UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

12. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
11-33457: 3543

13. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

OR	13a. ORGANIZATION'S NAME		
	13b. INDIVIDUAL'S LAST NAME I crg	FIRST NAME F qtqj {	MIDDLE NAME, SUFFIX Nqwkug

14 MISCELLANEOUS

DOCUMENT NUMBER: 28
IMAGE GENERATED ELECTRONICALLY FOR WEB FILING
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14. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (14a or 14b) - do not abbreviate or combine names

OR	14a. ORGANIZATION'S NAME				
	14b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
14c. MAILING ADDRESS			CITY	STATE	POSTAL CODE COUNTRY
14d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO		14e. TYPE OF ORGANIZATION	14f. JURISDICTION OF ORGANIZATION	14g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE

15. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (15a or 15b) - do not abbreviate or combine names

OR	15a. ORGANIZATION'S NAME				
	15b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
15c. MAILING ADDRESS			CITY	STATE	POSTAL CODE COUNTRY
15d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO		15e. TYPE OF ORGANIZATION	15f. JURISDICTION OF ORGANIZATION	15g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE

16. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (16a or 16b) - do not abbreviate or combine names

OR	16a. ORGANIZATION'S NAME				
	16b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
16c. MAILING ADDRESS			CITY	STATE	POSTAL CODE COUNTRY
16d. SEE INSTRUCTIONS	ADD'L DEBTOR INFO		16e. TYPE OF ORGANIZATION	16f. JURISDICTION OF ORGANIZATION	16g. ORGANIZATIONAL ID#, if any <input type="checkbox"/> NONE

17. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (17a or 17b)

OR	17a. ORGANIZATION'S NAME				
	17b. INDIVIDUAL'S LAST NAME GEITHNER		FIRST NAME TIMOTHY	MIDDLE NAME F	SUFFIX
17c. MAILING ADDRESS 1500 PENNSYLVANIA AVENUE, N.W.			CITY WASHINGTON	STATE DC	POSTAL CODE 20220- COUNTRY USA

18. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (18a or 18b)

OR	18a. ORGANIZATION'S NAME				
	18b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
18c. MAILING ADDRESS			CITY	STATE	POSTAL CODE COUNTRY

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Dorothy Louise Gale, Principal/Underwriter
Exemption ID # 123121234