

 **Maryland Department of Assessments and Taxation**
Taxpayer Services Division
 301 West Preston Street W Baltimore, MD 21201 (2007 vw3.1)

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Taxpayer Services Division

**FEDERAL RESERVE SYSTEM
Filing Details (Current)**

Filing Status: ACTIVE

All records received by the Department through 08/19/2011 are shown.

Debtor Information for File Number: 0000000181425776

Name	Address
THE FEDERAL RESERVE SYSTEM	20TH STREET, N.W. WASHINGTON, DC 20551
E PLURIBUS UNUM THE UNITED STATES OF AMERICA	1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220
U.S. DEPARTMENT OF DEFENSE FINANCE AND ACCOUNTING SERVICES	1400 DEFENSE PENTAGON WASHINGTON, DC 20301 - 1400
COMPTROLLER OF MARYLAND	1101 WOOTON PARKWAY ROCKVILLE, MD 20852

Secured Party Information for File Number: 0000000181425776

Name	Address
THE UNITED STATES DEPARTMENT OF THE TREASURY 1789 (Assignor)	50 MARYLAND AVENUE ROCKVILLE, MD 20850
NORTH AMERICAN WATER AND POWER ALLIANCE (Assignor)	1400 DEFENSE PENTAGON WASHINGTON, DC 20301 - 1400
U.S. TREASURY DEPARTMENT INTERNAL REVENUE SERVICE (IRS) (Assignee)	600 ATLANTIC AVENUE BOSTON, MA 02106

CUST ID:0002630386
WORK ORDER:0003846966
DATE:08-12-2011 10:25 AM
AMT. PAID:\$300.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2011 AUG 12 A 10:26

DEPARTMENT OF
ASSESSMENT
& TAXATION

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

U.S. TREASURY,
INTERNAL REVENUE SERVICE
Comptroller of Maryland, Enforcement Division
Revenue Administration Center
80 Calvert Street
Annapolis, MD 21404

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
0000000181425776

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

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

3. **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. **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 Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
 CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME				
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME				
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

7c. **MAILING ADDRESS:**

BofA (11 USC), 1101 WOOTTON PARKWAY	CITY ROCKVILLE	STATE MD	POSTAL CODE 20852	COUNTRY U.S.A.
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7d. **SEE INSTRUCTIONS**
14,300,000,000,000

ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION a trustee (15 USC)	7f. JURISDICTION OF ORGANIZATION The United States of America	7g. ORGANIZATIONAL ID #, if any AG 59880464 A	<input type="checkbox"/> NONE
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8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.
[14,300,000,000,000.-]
AGRICULTURAL LIEN: 1101 WOOTTON PARKWAY ROCKVILLE, MD 20852 USA

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 a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME	THE UNITED STATES DEPARTMENT OF THE TREASURY 1789			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**
Recording as Deed of Trust in the Real-estate records: INITIAL FINANCING STATEMENT FILE # 0000000181425776

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

TRANSACTION TYPE **FEES REMITTED**

___	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
<input checked="" type="checkbox"/>	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
___	UMCS - Amendment - Correction 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:	<u>25</u>



RECORDED ON 08/12/2011 AT 10:25 AM
 IN THE FINANCING RECORDS OF THE MD. ST.
 DEPARTMENT OF ASSESSMENTS AND TAXATION.
 WD # 0003846966 ACK # 1000362002135657
 ORIGINAL FILE NUMBER: 0000000181425776
 PAGES: 0002

OTHER CHANGES:

Code _____

Attention: _____

Mail to Address:

US TREASURY
 INTERNAL REVENUE SERVICE
 80 CALVERT STREET
 ANNAPOLIS MD 21404

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

Comments(s):

Stamp work order and customer number here

CUST ID: 0002630386
 WORK ORDER: 0003846966
 DATE: 08-12-2011 10:25 AM
 AMT. PAID: \$300.00