



State of Delaware

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 P.O. BOX 898
 DOVER, DELAWARE 19903

8042901

04-28-2020

THOMAS JAMES BROWN TRUST

15216 CARLISLE

DETROIT, MI 48205

ATTN: THOMAS-JAMES: BROWN-BEY

DESCRIPTION	AMOUNT
20203010081	
UCC1F Financing Statement	
UCC Filing Fee - Web	\$50.00
TOTAL CHARGES	\$50.00
TOTAL PAYMENTS	\$50.00
BALANCE	\$0.00

The following Debtor Names were indexed in the UCC Management System as a result of this filing :

DIMON, JAMIE

JP MORGAN CHASE BANK N.A.

CHASE RETIREMENT SERVICES

ZULUAGA, RACHEL R

SRINIVASAN, NANDA

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) THOMAS-JAMES: BROWN-BRY (248)385-7250
B. E-MAIL CONTACT AT FILER (optional) KINGTBROWN@YAHOO.COM
C. SEND ACKNOWLEDGMENT TO: (Name and Address) THOMAS JAMES BROWN TRUST 15216 CARLISLE DETROIT, MI 48205 US

Delaware Department of State
U.C.C. Filing Section
Filed: 08:17 AM 04/28/2020
U.C.C. Initial Filing No: 2020 3010081
Service Request No: 20203208876

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 JP MORGAN CHASE BANK N.A.				
OR				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 270 PARK AVE., 12 FLOOR	CITY NEW YORK	STATE NY	POSTAL CODE 10017	COUNTRY US

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 DIMON	FIRST PERSONAL NAME JAMIE	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c. MAILING ADDRESS 270 PARK AVE., 12 FLOOR	CITY NEW YORK	STATE NY	POSTAL CODE 10017	COUNTRY US

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 BROWN-BRY	FIRST PERSONAL NAME THOMAS-JAMES:	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
3c. MAILING ADDRESS CARE OF: 15216 CARLISLE, NON-DOMESTIC WITHOUT U.S., ZIP	CITY DETROIT	STATE MI	POSTAL CODE 48205-9998	COUNTRY US

4. **COLLATERAL:** This financing statement covers the following collateral:
THIS IS ACTUAL AND CONSTRUCTIVE NOTICE: The following debtors Jamie Dimon, Nanda Srinivasan, and Rachel Zuluaga, [USPS Tracking No. RE 297 747 045 US, RE 297 747 037 US, 7018 0680 0001 2090 8901, 7018 0680 0001 2090 8918, 7018 0680 0001 2090 8925, RF 297 746 915 US, 7018 0680 0001 2090 8963, RE 118 290 425 US, RE 118 290 408 US] are Transmitting Utilities utilized in commerce for the benefit of the Secured Party Creditor. The Secured Party is a 3-dimensional living soul, flesh and blood melaninite male/man who is autochthonous, indigenous and descendant of the original people of: Turtle Island, Muu-lan, Altan, Amexen, Land of the Frogs [Misnomer: North America]. The Secured Party Secures All rights, titles interests to all collateral as received by Corporate / Government Registries, related Corporations and Pledge represented by the same but not limited to: Pignus, Hypotheica, Hereditaments, res and the Energy and the ALL CAPS names of Debtors/Transmitting Utilities as well as any and all derivatives and variations of an all capitals name. Secured Party Accepts for Value, Honor & Consideration ALL endorsements front and back of all adhesions contracts, trusts and instruments attributed to the filing will be by; the Red Wet Ink Signature of the secured party in accord with Commercial Security Agreement - RE 297 747 045 US, RE 297 746 915 US, 7018 0680 0001 2090 8963. Third-Party intervenors are hereby **BARRED** from involvement with this transaction. On or about from June 2, 2016 - October 30, 2018, I

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input checked="" type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input checked="" type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	
8. OPTIONAL FILER REFERENCE DATA: NEW NO. 248-227-9679	

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 JP MORGAN CHASE BANK N.A.	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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 ZULUAGA	FIRST PERSONAL NAME RACHEL	ADDITIONAL NAME(S)/INITIAL(S) R	SUFFIX
19c. MAILING ADDRESS 18100 WEST ELEVEN MILE RD.	CITY LATHRUP VILLAGE	STATE MI	POSTAL CODE 48076
		COUNTRY US	

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 CHASE RETIREMENT SERVICES			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS PO BOX 182051	CITY COLUMBUS	STATE OH	POSTAL CODE 43218
		COUNTRY US	

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 THOMAS JAMES BROWN TRUST			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS 15216 CARLISLE, NON-DOMESTIC WITHOUT U.S., ZIP EXEMPT	CITY DETROIT	STATE MI	POSTAL CODE 48205
		COUNTRY US	

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:
PRIVATE BANK DEPOSIT OF \$1,500,000.00 INTO JP MORGAN CHASE BANK WHICH THE BANK IS TRYING TO STEAL.

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

OR	9a. ORGANIZATION'S NAME JP MORGAN CHASE BANK N.A.	
	9b. INDIVIDUAL'S SURNAME	
	FIRST PERSONAL NAME	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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

OR	10a. ORGANIZATION'S NAME			
	10b. INDIVIDUAL'S SURNAME SRINIVASAN			
	INDIVIDUAL'S FIRST PERSONAL NAME NANDA			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX

10c. MAILING ADDRESS 1020 NORTH EAST LOOP 410	CITY SAN ANTONIO	STATE TX	POSTAL CODE 78209	COUNTRY US
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11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

OR	11a. ORGANIZATION'S NAME THOMAS JAMES BROWN			
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

11c. MAILING ADDRESS 15216 CARLISLE, NON-DOMESTIC WITHOUT U.S., ZIP EXEMPT	CITY DETROIT	STATE MI	POSTAL CODE 48205	COUNTRY US
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12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):
contracted to make special deposit of private bank negotiable instruments into my private account(s) no(s): XXXXX0426, XXXXX5292, XXXXXXXXX5598 & XXXXX4032-7 MI. The deposit(s) were delivered and accepted. Total Deposits \$1,500,000.00 In Lawful Funds.

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

15. Name and address of a RECORD OWNER of real estate described in item 14 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

PRIVATE BANK DEPOSIT OF \$1,500,000.00 INTO JP MORGAN CHASE BANK WHICH THE BANK IS TRYING TO STRAL.



Acknowledgement Message

Department of State: Division of Corporations

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Delaware E-UCC Acknowledgement Message

The Financing Statement Filing has been completed and successfully filed.

UCC1 Filing Number: 20203010081

UCC1 File Number: 20203010081

Submission Date and Time: 04/28/2020 08:17 EST

An official file stamped copy of the UCC filing will automatically be emailed to the email address on record. If you want an additional copy emailed to a different email address click [Email PDF](#).

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Payment Verification Notice for Amount of \$50.00

From: do_not_reply_dcis@delaware.gov

To: kingtbrown@yahoo.com

Tuesday, April 28, 2020, 08:17 AM EDT

The payment has been authorized and accepted. Payment Type: ACH Amount: \$50.00 Authorization No: Remittance No: 0817159692 Account Number: *****0426