

2nd & 3rd UCC witness and CUSIP

Uniform Commercial Code Financing Statement

STATE OF ALASKA 1100

This FINANCING STATEMENT is presented to filing officer for filing pursuant to the Uniform Commercial Code UCC-1

<p>1A. Debtor (s):</p> <p>SING. ITH KEHAULANI</p> <p>a/k/a SING. A K.</p> <p>a/k/a BU: KEHAULANI</p> <p>a/k/a W. INA K.</p> <p>a/k/a W. L. KEHAULANI</p> <p>a/k/a IA RUTH K.</p> <p>a/k/a INA KEHAULANI</p>	<p>2A. Secured Party (ies):</p> <p>Ruth Kehaulani</p>	<p>FOR FILING OFFICER ONLY</p> <p>Date, time, number and filing officer:</p> <p>ALASKA - U.C.C.</p> <p>RECEIVED</p> <p>99 AUG 6 PM 3 29</p>
<p>1B. Mailing Address(es):</p> <p>RON LANE</p> <p>ANCHORAGE, AK 99504</p>	<p>2B. Address of secured Party from which security information obtainable (907-333-)</p> <p>c/o Loran Lane</p> <p>city of Anchorage</p> <p>Alaska territory</p> <p>United States of America [99504]</p>	

3. This financing Statement covers the following types (or items) of property: This is the entry of the Debtor in the Commercial Registry as a transmitting utility and the following property is hereby registered in the same:

Products of collateral are also covered

Debtor is a Transmitting Utility

ALASKA DRIVERS LICENSE #: 3052

Posted Certified Account Number

Certificates of Birth Document HI #448 Vol 753 Registration's No. 856

Employer Identification #: 0-3052

Treasury Direct Number #: 0-3052

Social Security Number #: -3052

4A. Assignee of Secured Party(ies) if Any:

4B. Address of Assignee from which security information obtainable:

All Accounts, Contract Rights, Chattel Paper, General Intangibles, Inventory, Equipment and Fixtures: Whether owned now or acquired later; all accessions, additions, replacements, and substitution; all records of any kind relating to any of the foregoing; all proceeds (including insurance, general intangibles and accounts proceeds), together with all the other real and personal property

All property accepted for value and is Exempt from levy. Adjustment of this filing is from Public Policy HJR-192 and UCC 10-104. All proceeds products, accounts, and fixtures and the Orders therefrom are released to the debtor

No. of additional sheets presented:

CHECK [X] IF COVERED:  Proceeds of collateral are also covered  Product of collateral are also covered

MATURITY DATE (if any)

The collateral described herein is brought into this state already subject to a security interest in the state of

	SING. LOR	KEHAULANI
a/k/a	SING. LOR NA K.	
a/k/a		KEHAULANI
a/k/a		H K.
a/k/a	W. ER.	INA KEHAULANI
a/k/a	W. R.	IA K.
a/k/a	I	R L. KEHAULANI

By: [Signature] Kehaulani W. # 40-3052

Signature of Secured Party or Assignee of Record

[Not valid unless signed]


By: [Signature] # 10-3052

Signature(s) of Debtor(s)

467676  
487676

467-76

46-76

  
**THE UNITED STATES OF AMERICA**  
 DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 WASHINGTON

## Notification of Birth Registration

*This certifies that the following Record of Birth is registered and preserved in the office of the*  
 Board of Health, Territory of Hawaii, Honolulu.


Name L. Kehaulani    Single    Sex Female    No 448-753

Date of Birth January 25, 1942    Place of Birth Hilo, Hawaii, I. H.

Name of Father John S. Jr.

Maiden Name of Mother Rose    nee

JAMES C. CAPT. W. A. Austin  
REGISTERING OFFICER OF THE CENSUS

  
*W. A. Austin*

STANDARD CERTIFICATE OF LIVE BIRTH  
 TERRITORY OF HAWAII  
 BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS

448

File No. \_\_\_\_\_  
 Registrar's No. 35

DEPARTMENT OF COMMERCE  
 Bureau of the Census

1. PLACE OF BIRTH: (a) County <u>HAWAII</u> (b) City or town <u>Hilo</u> (c) Name of hospital or institution: <u>924 Kanna St.</u> (d) Mother's stay before delivery: In hospital or institution _____ In this community <u>SMON</u> (Specify whether years, months, or days)		2. USUAL RESIDENCE OF MOTHER: (a) State <u>Territory of Hawaii</u> (b) County <u>Hawaii</u> (c) City <u>Hilo</u> (d) Street No. <u>924 Kanna St.</u>	
3. Full name of child <u>Lorna Ruth Kehaulani Ah Sing</u>		4. Date of birth <u>Jan 23 1942</u> (Month) (Day) (Year)	
5. Sex: <u>Female</u>	6. Twin or triplet	7. Number months of pregnancy	8. Legitimate? <u>Yes</u>
9. Full name <u>FATHER: JOHN JR.</u>		15. Full maiden name <u>MOTHER OF CHILD: ROSE swai</u>	
10. Usual residence of father <u>924 Kanna St.</u>		16. Color or race <u>Part Hawaiian</u>	
11. Age at time of this birth <u>3</u> yrs.		17. Age at time of this birth <u>19</u> yrs.	
12. Birthplace <u>Hilo, Hawaii</u>		18. Birthplace <u>Hilo, Hawaii</u>	
13. Usual occupation <u>Wardener</u>		19. Usual occupation <u>Housewife</u>	
14. Industry or business <u>Defense work</u>		20. Industry or business <u>Own Home</u>	
21. Children born to this mother: (a) How many other children of this mother are now living? <u>0</u> (b) How many other children born alive but are now dead? <u>0</u> (c) How many children were born dead? <u>0</u>		22. Mother's mailing address for registration notice: <u>924 Kanna St.</u> <u>Hilo, Hawaii</u>	
23. I hereby certify that I attended the birth of this child who was born alive at the hour of <u>9:30</u> am on the date above stated and that the information given was furnished by <u>Mrs. Ah Sing</u> related to this child as <u>Other</u>			
24. Date filed with local registrar <u>February 28 1942</u>		Attendant's own signature <u>Mrs. Peggy Perweroff</u>	
25. Registrar's own signature <u>[Signature]</u>		M. D., midwife, or other <u>Midwife</u> Date signed <u>1-28 1942</u>	
26. Date filed with office of Registrar General <u>FEB - 5 1942</u>		Address <u>411 Lamikale St</u>	
27. Date on which given name added from supplemental report _____		By _____ Registrar General	



United States of America } ss  
 State of Alaska

THIS IS TO CERTIFY that the foregoing is a full, true and correct copy of the document as it appears in the records and files of my office.

IN THE WITNESS WHEREOF, I have hereunto set my hand and have affixed my official seal at Anchorage, Alaska,

this 24th day of July 20 24

By Nanette Jackson  
 Recorder

467676

Uniform Commercial Code

Financing Statement

STATE OF ALASKA

This FINANCING STATEMENT is presented to filing officer for filing pursuant to the Uniform Commercial Code, UCC - 1

1A. Debtor(s):  
EUGENE GE  
a/k/a R. EUGENE G.  
a/k/a EUGENE

2A. Secured Party (ies):  
Eugene

2B. Address of secured Party from which security information obtainable (907-333-  
c/o Lane  
city of Anchorage  
Alaska territory  
United States of America (99504)

FOR FILING OFFICER ONLY  
(Date, time, number and filing officer)

ALASKA - U.O.O.  
89 AUG 6 PM 3 29  
RECEIVED

1B. Mailing Address(es):  
N/E  
ANCHORAGE, AK 99504

3. This financing Statement covers the following types (or items) of property:  
This is the entry of the Debtor in the Commercial Registry as a transmitting utility and the following property is hereby registered in the same:

Products of collateral are also covered  
 Debtor is a Transmitting Utility  
ALASKA DRIVERS LICENSE #032;  
Postal Certified Account Number #Z 244  
Certificates of Birth Document MI 984-  
Employer Identification #386-42-8085  
Treasury Direct Number #386-42-8085  
Social Security Number #386-42-8085

Local File #4

4A. Assignee of Secured Party(ies) if Any: -  
4B. Address of Assignee from which security information obtainable:

All Accounts, Contract Rights, Chattel Paper, General Intangibles, Inventory, Equipment and Fixtures; Whether owned now or acquired later; all accessions, additions, replacements, and substitution; all records of any kind relating to any of the foregoing; all proceeds (including insurance, general intangibles and accounts proceeds), together with all the other real and personal property.

All property is accepted for value and is Exempt from levy. Adjustment of this filing is from Public Policy HJR-192 and UCC 10-104. All proceeds, products, accounts, and fixtures and the Orders therefrom are released to the debtor.  
No. of additions: sheets presented:

CHECK  IF COVERED:  Proceeds of collateral are also covered  Products of collateral are also covered

MATURITY DATE (if any)

The collateral described herein is brought into this state already subject to a security interest in the state of

EUGENE OI  
a/k/a W EUGENE G.  
a/k/a W EUGENE

By: Eugene George Warner  
Signature of Secured Party or Assignee of Record  
[Not valid unless signed, #386-42-8085]

By: Eugene G. Warner  
Signature(s) of Debtor(s) #386-42-8085

467675  
487675

467675

THE UNITED STATES OF AMERICA  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

# Notification of Birth Registration

This certifies that the following Record of Birth is registered and preserved in the office of the State Registrar of Vital Statistics at MICHIGAN DEPARTMENT OF HEALTH, LANSING

Name BARBARA or \_\_\_\_\_ Sex Female No. 984-  
Date of Birth May 14, 19 Place of Birth Wayne, Michigan  
Name of Father George Jiu  
Maiden Name of Mother BYRONNE

*[Signature]*  
S. C. Cope, Director of the Census

*[Signature]*  
Special Agent, Bureau of the Census



United States of America } ss  
State of Alaska

THIS IS TO CERTIFY that the foregoing is a full, true and correct copy of the document as it appears in the records and files of my office.

IN THE WITNESS WHEREOF, I have hereunto set my hand and have affixed my official seal at Anchorage, Alaska,

this 24<sup>th</sup> day of July 2024.

By Nanette Jackson  
Recorder

**Your CUSIP Results are as follows:**

**EUGENE W. (CC 3:07-CR-001 -01 [RRB])**

**T ROWE PRICE RETIREMENT 2035 FUND**

**Symbol: TRRJX**

**CUSIP: 74149P770**

**Inception Date: 1/6/1987**

**Net Assets: \$16,367,000,000.00 as of  
9/30/2017**

**Portfolio Assets: \$16,367,000,000.00 as of  
9/30/2017**

**A little about the Fund:**

T. Rowe Price Retirement 2035 Fund is an open-end fund incorporated in the USA. The Fund's objective is to achieve the highest total return over time consistent with an emphasis on both capital growth and income. The Fund invests in a diversified portfolio consisting of about 90% stocks and 10% bonds with an increasing allocation to bonds over time.

