FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional)									
B. SEN	ND ACKNOWLED	GEMENT TO: (Na	me and Address)					
VIRC	GINIA COMM	IERCE BANK							
5350 Lee Highway					##	HARIMANIA.			
Arlington, Virginia 22207					LT1-5-2006047856-1				
					THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
1a. INITIAL FINANCING STATEMENT FILE #					1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the				
2. 🗀 T	ERMINATION: E	ffectiveness of the Fir	40 pancing Statement i	dentified above is	_	ESTATE RECOI	RDS. s) of the Secured Party auti	horizina this	
	T	ermination Statement					red Party authorizing this C		
	S	tatement is continued	for the additional p	eriod provided by	applicable law.				
	SSIGNMENT (full or NOMENT (PARTY II						name of assignor in Item 9		
					rmation in Items 6 ar				
CH nai	IANGE name and/or add me (if name change) in I	ress. Give current record em 7a or 7b and/or new a	name in Item 6a or 6b; ddress (if address char	also give new ge) in item 7c.	Delete name. Give to be deleted in Item		ADD name. Complete item 7 Item 7c; also complete items	'a or 7b, and also s 7d-7g (if applicable)	
6. CUF	RENT RECORD								
	6a. ORGANIZA ZAHAR	TION'S NAME A INVEST	MENT CO	RPORATI	ON				
OR	6b. INDIVIDUAL'S LAST NAME FIR			FIRST NAME	IRST NAME MIDDLE NA		AME	SUFFIX	
7. CHA		R ADDED INFORM	IATION:						
	7a. ORGANIZA	TION'S NAME							
OR	7b INDIVIDUAL'S LAST NAME FIRST N			FIRST NAME		MIDDLEN	AE SUFFIX		
	76 INDIVIDUAL S LAST NAME			FIRST NAME		MIDDLE NAME SU		SUFFIX	
7c. MA	MAILING ADDRESS CITY					STATE	POSTAL CODE	COUNTRY	
50 E Street, SE Wash					con	DC	20003	USA	
7d. TAX	CID: SSN OR EIN	ADD'L INFO RE	7e. TYPE OF O	RGANIZATION	7f. JURISDICTION C	F ORGANIZATION	Tg. ORGANIZATION		
02154483 GRANIZATION COrporation				on	DC		-	992583 □ NONE	
		L ATERAL CHANGE): check only or	ie hoy	<u> </u>		992383	☐ NONE	
					ateral description, or		ral □ assigned.		
9. NAM by a Det Amendm	btor which adds colla	PARTY of RECORI teral or adds the auth	O AUTHORIZING orizing Debtor, or if	THIS AMEND this is a Terminati	MENT (name of assign on authorized by a Debt	or, if this is an Assi or, check here □ ai	gnment), if this is an Amend and enter name of DEBTOR	iment authorized authorizing this	
	9a. ORGANIZA VIRGINIA	TION'S NAME A COMMERCE	BANK						
OR	96 INDIVIDUAL	'S LAST NAME		FIRST NAME		MIDDLE NA	ME	SUFFIX	
10. OP	TIONAL FILER R	EFERENCE DATA		of Co		1		1//	

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Exhibit A/Schedule A

Lot numbered 123 in Square numbered 750, in a subdivision mae by B. H. Warner, as per plat recorded in Liber 19 at folio 74, in the Office of the Surveyor for the District of Columbia.

RECORDING SURCHARGE

20.0

Doc# 2006047858 Fees:\$26.50 04/12/2006 8:48AM Pages 2 Filed & Recorded in Official Records (WASH DC RECORDER OF DEEDS LARRY TODD

1-