UCC FINANCING STATEMENT						
A. NAME & PHONE OF CONTACT AT FILER (optional)		Date of Filing :	06/12/2023			
In care of  B. E-MAIL CONTACT AT FILER (optional)		Date of Filing: 06/12/2023 Time of Filing: 01:15:00 AM File Number : 2023-163-5297-6 Lapse Date : NONE				
B. E-WALE CONTACT AT FIEER (Optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		Lapse Date .	NONE			
In care of 413 Golianovo Golianovo SK 951 08						
	ı					
					OR FILING OFFICE USE ONLY	
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide</li> </ol>		modify, or abbreviate any pa or information in item 10 of t				
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
ŠLOSÁROVÁ CESTUI QUE VIE TRUST	LENKA					
1c. MAILING ADDRESS 413 GOLIANOVO	GOLIANOVO		STATE	POSTAL CODE [951 08]	COUNTRY	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full	name; do not omit,	modify, or abbreviate any pa	art 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  2a. ORGANIZATION'S NAME	the Individual Debto	or information in item 10 of t	he Financing Sta	atement Addendum (Form	UCC1Ad)	
OR						
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (or NAME OF ASSIGNEE OF ASSIGN	URED PARTY): Pro	vide only <u>one</u> Secured Party	name (3a or 3b	)		
3a. ORGANIZATION'S NAME						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
Slosárová	Lenka		CTATE	COUNTRY CODE		
3c. MAILING ADDRESS 413 Golianovo	Golianovo		STATE	[951 08]	SK	
4. COLLATERAL: This financing statement covers the following collateral:	•		•			
All of Debtors assets, land and personal property, and owned and hereafter acquired, now existing and hereafter acquired. Agreement No. LS 120623_SA dated Twelfth day of the Three. Inquiring parties may consult directly with the contractual obligations associated with this commercial Identified in Security Agreement reference above. Adj	after arising, ne Sixth Mon e debtor, asce al transaction	and wherever loca th in the year of ou rtaining, in detail,	ted, descri ir Lord Tv	bed fully in Secu vo Thousand and	rity Twenty	
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust	(see UCC1Ad, item	17 and Instructions)	being administe	red by a Decedent's Perso	nal Representative	
6a. Check only if applicable and check only one box:			_	f applicable and check onl	-	
Public-Finance Transaction Manufactured-Home Transaction		a Transmitting Utility	<del></del> _	tural Lien Non-UC		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consign	or Seller/Buyer	Ba	ilee/Bailor Lic	ensee/Licensor	
8. OPTIONAL FILER REFERENCE DATA:						

4. This FINANCING STATEMENT covers the following collateral:

accord with House Joint Resolution of June 5th 1933 and UCC1-103 and 1-104. Secured Party accepts Debtors signature in accord with UCC1-201(39), 3-401. Birth Certificate Number Nitra/141/1993/12/1222

Debtor is a Transmitting Utility.