UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional) GRANT@UBOPRIVATE.ORG			ware Department of Sta U.C.C. Filing Section	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			led: 09:17 PM 10/20/2025 Initial Filing No: 2025 78	
PHOENIX SECURITIES TRUST	$\neg I$		e Request No: 2025431	
PO BOX 12	•	Servic	e Request 110. 2023431	0/14
GYMPIE, 4570				
l us	, I			
	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE O	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full reame will not fit in line 1b, leave all of item 1 blank, check here and provide the second of the second or the second of the second or the second o		the Debtor'	s name); if any part of the Indi	ividual Debtor's
1a. ORGANIZATION'S NAME ATTORNEY GENERALS DEPARTMENT				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ROBERT GARRAN OFFICES, 3-5 NATIONAL CIRCUIT	BARTON, ACT		2600	NF
2a. ORGANIZATION'S NAME	name; do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the Fir			
OR OF THE TREASURY	Islant personni mare	Libbition		Louisen
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1 LANGTON CRESCENT	PARKES, ACT		2600	NF
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Secured Party nam	e (3a or 3b)	
3a. ORGANIZATION'S NAME PHOENIX SECURITIES TRUST				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	TADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
SU. REPUBLIC CONTRAINE	THOU TELOSIVE WILL	/ IDDITIO	WILLIW WILLOWITH TO TE(O)	OOTTIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO BOX 12	GYMPIE	QL	4570	AU
establishes a commercial lien in the amount Australian Dollars) over the named debtors: - DEPARTMENT OF THE TREASURY (ABN: 92 802 41 Constructive Trust) This lien is perfected (UCC Article 9) - Personal Property Security Private International Law (HCCH Convention Jurisdiction In Personam SECTION 2 - Base notarised, executed, and internationally file establishes and perfects this lien through:	- ATTORNEY-GENERAL'S DEPA 4 793) - GRANT DAVID JOHN d and enforceable under: ities Act 2009 (Cth) - Le #30) - The Law of Trust: sis of Security Interest ed Private Security Agreemen - Consensual agreement be st enforcement over assumed fidavits, and bond instrument artments SECTION 3 - De ired property, assets, and	e Hund ARTMEN NS (St - Uni aw of) The so nt dat etween admin nts escrip	red Ninety-Nine T (ABN: 92 661 1 ylised Legal Ent form Commercial Nations and Trea Original Equity ecured party hol ed 2 April 2025, living man and istrative estate - Commercial di tion of Collater ds arising from	Million 124 436) Lity: Code Lty Law / ds a . which - Lshonour ral
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	administer	ed by a Decedent's Personal	Representative
6a. Check only if applicable and check only one box:	- Lund		applicable and check only on	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	Agricult	ural Lien Non-UCC F	iling
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor (Consignee/Consignor Seller/Buyer	Bai	lee/Bailor License	ee/Licensor
8. OPTIONAL FILER REFERENCE DATA:				

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Ste because Individual Debtor name did not fit, check here ☐	atement; if line 1b was left blank			
18a. ORGANIZATION'S NAME ATTORNEY GENERALS DEPARTMENT				
OR 18b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	(19a or 19b) (use exact, full name; do no		S FOR FILING OFFICE by part of the Debtor's name	
19a. ORGANIZATION'S NAME GRANT DAVID JOHNS				
OR 19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2 CORBET ROAD	JONES HILL	δr	4570	AU
ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name One Organization's NAME	(20a or 20b) (use exact, full name; do no	t omit, modify, or abbreviate ar	ny part of the Debtor's name)
OR 20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name	(21a or 21b) (use exact, full name; do no	t omit, modify, or abbreviate ar	y part of the Debtor's name)
21a. ORGANIZATION'S NAME				
OR 21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
22. ADDITIONAL SECURED PARTY'S NAME or A	SSIGNOR SECURED PARTY'S	NAME: Provide only <u>one</u> na	ame (22a or 22b)	l
22a. ORGANIZATION'S NAME				
OR 22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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OR 23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
24. MISCELLANEOUS:				

because Individual Debtor name did not fit, check here [9a. ORGANIZATION'S NAME]					
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R 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
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11b INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFD
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