

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Pat Foley 034394761

B. E-MAIL CONTACT AT FILER (optional)
coco.amaru@gmail.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Pat Foley
74 Frame Rd,
Oamaru NZ 9495**

Date of Filing : 10/15/2025
Time of Filing : 04:08:00 PM
File Number : 2025-288-2928-0
Lapse Date : NONE

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
ASB BANK

OR

1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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1c. MAILING ADDRESS
12 Jellicoe Street

CITY Auckland	STATE	POSTAL CODE 1010	COUNTRY NZ
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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
ASB HOLDINGS

OR

2b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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2c. MAILING ADDRESS
12 Jellicoe Street

CITY Auckland	STATE	POSTAL CODE 1010	COUNTRY NZ
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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
KAKA Private Trust

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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3c. MAILING ADDRESS
74 Frame Rd,

CITY Oamaru	STATE	POSTAL CODE 9495	COUNTRY NZ
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4. COLLATERAL: This financing statement covers the following collateral:

a. That a loan agreement with ASB Bank was signed in 2013 by me, Patrick James for a loan against the property of PATRICK JAMES FOLEY however it was never co-signed by a representative of ASB Bank and ASB Bank and its officers and representatives have never been able to produce the loan agreement showing signed by both parties where this makes the contract null and void in its entirety therefore ASB Bank and its officers and representatives have committed fraud and are required by law to immediately pay me back all funds and interest paid since this time and cancel this loan and mortgage in full and remove any

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

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

9a. ORGANIZATION'S NAME ASB BANK	
OR	
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

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME of the House of Foley	FIRST PERSONAL NAME Patrick James	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS 74 Frame Rd,	CITY Oamaru	STATE	POSTAL CODE 9495	COUNTRY NZ

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

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 16 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

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 ASB BANK	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME SHORRT	FIRST PERSONAL NAME VITTORIA ANNABEL JUNE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010
			COUNTRY NZ

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			
OR			
20b. INDIVIDUAL'S SURNAME WILLIAMS	FIRST PERSONAL NAME NIGEL HENRY MURRAY	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010
			COUNTRY NZ

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 BUCKLEY	FIRST PERSONAL NAME ROSS JAMES PATRICK	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010
			COUNTRY NZ

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME of the House of Foley	FIRST PERSONAL NAME Judith Valya Marina	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS 74 Frame Rd,	CITY Oamaru	STATE	POSTAL CODE 9495
			COUNTRY NZ

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:

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 ASB BANK	
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18b. INDIVIDUAL'S SURNAME	
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19a. ORGANIZATION'S NAME				
OR				
19b. INDIVIDUAL'S SURNAME CARR	FIRST PERSONAL NAME RODERICK MARSHALL	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
19c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010	COUNTRY NZ

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				
OR				
20b. INDIVIDUAL'S SURNAME CRONE	FIRST PERSONAL NAME VICTORIA HELEN	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010	COUNTRY NZ

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 MACDONALD	FIRST PERSONAL NAME COLIN ARCHIBALD	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010	COUNTRY NZ

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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

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19a. ORGANIZATION'S NAME				
OR				
19b. INDIVIDUAL'S SURNAME TAINUI-HERNANDEZ	FIRST PERSONAL NAME JULIET KERI	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
19c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010	COUNTRY NZ

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				
OR				
20b. INDIVIDUAL'S SURNAME WALSH	FIRST PERSONAL NAME THERESA MARIA	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
20c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010	COUNTRY NZ

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 MALBY	FIRST PERSONAL NAME LEANNE	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
21c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010	COUNTRY NZ

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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

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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME WILSON	FIRST PERSONAL NAME Tracey	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010
			COUNTRY NZ

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			
OR			
20b. INDIVIDUAL'S SURNAME JORDON	FIRST PERSONAL NAME Deane	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS 12 Jellicoe Street	CITY Auckland	STATE	POSTAL CODE 1010
			COUNTRY NZ

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 JOLLIFFE	FIRST PERSONAL NAME CHLOE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS Anthony Harper Tower, 62 Worchester Boulevard	CITY Christchurch	STATE	POSTAL CODE 8140
			COUNTRY NZ

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME			
OR			
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
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23a. ORGANIZATION'S NAME			
OR			
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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19a. ORGANIZATION'S NAME ANTHONY HARPER					
OR					
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
19c. MAILING ADDRESS Anthony Harper Tower, 62 Worchester Boulevard		CITY Christchurch	STATE 8140	POSTAL CODE 8140	COUNTRY NZ

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					
OR					
20b. INDIVIDUAL'S SURNAME VINSELL	FIRST PERSONAL NAME CRISPIN	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
20c. MAILING ADDRESS Anthony Harper Tower, 62 Worchester Boulevard		CITY Christchurch	STATE 8140	POSTAL CODE 8140	COUNTRY NZ

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 DUNPHY	FIRST PERSONAL NAME EDWARD	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
21c. MAILING ADDRESS Anthony Harper Tower, 62 Worchester Boulevard		CITY Christchurch	STATE 8140	POSTAL CODE 8140	COUNTRY NZ

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME					
OR					
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
22c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

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23a. ORGANIZATION'S NAME					
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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME JUDSON	FIRST PERSONAL NAME SOPHIE MAREE	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS Anthony Harper Tower, 62 Worchester Boulevard	CITY Christchurch	STATE	POSTAL CODE 8140
			COUNTRY NZ

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 TIMARU DISTRICT COURT			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS 14 North Street	CITY Timaru	STATE	POSTAL CODE 7910
			COUNTRY NZ

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 SAVAGE	FIRST PERSONAL NAME CAMPBELL	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
21c. MAILING ADDRESS 14 North Street	CITY Timaru	STATE	POSTAL CODE 7910
			COUNTRY NZ

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

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19a. ORGANIZATION'S NAME			
OR			
19b. INDIVIDUAL'S SURNAME CARSON	FIRST PERSONAL NAME G. D.	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
19c. MAILING ADDRESS 14 North Street	CITY Timaru	STATE	POSTAL CODE 7910
			COUNTRY NZ

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			
OR			
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
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21a. ORGANIZATION'S NAME			
OR			
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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22a. ORGANIZATION'S NAME			
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22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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23a. ORGANIZATION'S NAME			
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23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
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24. MISCELLANEOUS:

4. This FINANCING STATEMENT covers the following collateral:

registered interest on the title of this property; and

b. That ASB BANK and its agents used DOG latin and unlawful conversion of the names of PATRICK JAMES FOLEY and JUDITH VALYA MARINA FOLEY as guarantors on the ASB loan documents with non-disclosure and non-consent, where non-disclosure, non-consent and fraud makes any contract null and void and all assumed powers of attorney and guarantees null and void; and

c. That ASB Bank and its officers and representatives created funds that did not exist prior from my wet ink signature on the loan agreement and committed fraud, where non response from the debtors confirms that ASB Bank did not lend anything of substance and is therefore making fraudulent charges to me for repayment of any funds or interest charges; and

d. That ASB Bank and its agents and representatives did not inform me in writing exactly what property of mine they took security over to obtain the mortgage where full disclosure is required for an agreement to be lawful and if full disclosure not provided the agreement becomes null and void; and

e. That ASB Bank and its agents and representatives sold on the loan document with my wet ink signature onto to other party(s) without my consent or knowledge which also makes the agreement null and void; and

f. That ASB Bank and its agents and representatives received payment in full at the time the loan(s) were granted, and therefore there was never any money owing and all charges from that time are fraudulent; and

g. That any officer or representative of ASB Bank that tries to claim interest or charges from me or my bank account are actively participating in fraud and can be charged with crimes of fraud plus I can charge one million dollars per event of withdrawal of any funds from my bank account against each of the individuals named in this document for now being fully aware of the fraud and therefore fully liable in the private for not stopping of fraudulent charges;

4. This FINANCING STATEMENT covers the following collateral:

and

h. That all loan and interest charges from the loan totals of eight hundred and fifty eight thousand, nine hundred and fifty four dollars (\$858,954) and any further interest charges are fraudulent and were cancelled, where the debtors are aware that these loan charges and any interest are fraudulent and we have the lawful right of claim off the debtors to pay off this loan in full plus compensation charges plus interest for actively participating in fraud and theft; and

i. On 25 April 2025 all powers of attorney were returned to us being Patrick James and Judith Valya Marina, and we are now the Secured Party Creditors, not the debtors; and

j. Fraud was found in the mortgage instrument 9339449.2 over Farm Property found at 74 Frame Road, Waianakarua, Oamaru 9495 comprised and described in Records of Title 665155 and 665156, where fraud nullifies all contracts and instrument and lien was formally cancelled on 16 June 2025 over all property titles of PATRICK JAMES FOLEY and JUDITH VALYA MARINA FOLEY; and

k. That all other debtors became liable due to becoming debt collectors of a fraudulent debt which removed all immunity due to being complicit in crimes of theft, fraud and joinder and slavery; and

l. That we have the lawful right to charge compensation according to the compensation schedule in our Affidavit of Standing and Claim on the Land of Substance where the charges for unauthorised use of our copy righted trade names or obtaining or causing loss/harm by deception or Robbery/demand with intent to steal/harm are one million dollars per event or per day until remedied and one hundred and fifty million for any harm caused to us; and

m. The charges due to us the Secured Party Creditors and Claimants on fifteenth day of October 2025 is \$281,981,154.35 in words being two hundred and eighty-one million, nine hundred and eighty-one thousand, one hundred and fifty-four new zealand dollars and thirty-six cents to be paid in 0.9999 gold bullion ten ounce bars or the ability to seize assets of the debtors until paid in full.