FO	CC FINANCING STATEMENT LLOWINSTRUCTIONS				
Α.	NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858	3-5294			
В.	E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com				
C.	SEND ACKNOWLEDGMENT TO: (Name and Address)	ma			
]	SPRFIIIng@cscinto.com  SEND ACKNOWLEDGMENT TO: (Name and Address)  1226 13554  Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Filed In: Rhode Island (S.O.S.)	BOVE SPACE IS FO	DR FILING OFFICE USE	: ONLY
. [	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us	e exact, full name; do not omit, modify, or abbreviat	te any part of the Debto	r's name); if any part of the	Individual De
'	name will not fit in line 1b, leave all of item 1 blank, check here  1a. ORGANIZATION'S NAME Plainfield Pike Gulf, Inc.		in to or tile rinancing Si	latement Addendum (Form	DUCTAD)
)R	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
		THOST PERSONAL NAME	ADDITIO	THE PARIETS/THE TACKS)	30771
<u>.</u>	MAILING ADDRESS 1889 Plainfield Pike	GITY Johnston	STATE RI	POSTAL CODE 02919	COUNTE
2	2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNT
				J	
S	SECURED PARTY'S NAME (OF NAME OF ASSIGNEE OF ASSIG	NOR SECURED PARTY): Provide only one Securi	ed Party name (3a or 3t	o)	
s	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE ASSIGNEE OF	SNOR SECURED PARTY): Provide only <u>one</u> Securi	ed Party name (3a or 3l	b)	
S	SECURED PARTY'S NAME (or NAME of ASSIGNEE	SNOR SECURED PARTY): Provide only one Securition  FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
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S	3a. ORGANIZATION'S NAMETMC Franchise Corpora 3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS 1130 Warner Rd.  OLLATERAL: This financing statement covers the following collate	FIRST PERSONAL NAME  CITY  Tempe	STATE AZ	NAL NAME(S)/INITIAL(S)  POSTAL CODE  85284	COUNTR
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. S R R . CC. I C	3a. ORGANIZATION'S NAMETMC Franchise Corpora 3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS 1130 Warner Rd.  OLLATERAL: This financing statement covers the following collate if equipment owned by the Secured Party of a bailment, contract of sale, lease, or other	FIRST PERSONAL NAME  CITY Tempe eral: r otherwise provided by the Sect	STATE AZ  ured Party to the district of such equi	POSTAL CODE  85284  Debtor (whether	COUNT USA er pursu

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