

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

| | | |
|--|--|------------|
| A. NAME & PHONE OF CONTACT AT FILER (optional) | | T1H |
| B. E-MAIL CONTACT AT FILER (optional) | | 395387 005 |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | |
| <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>CSC 801 Adlai Stevenson Drive Springfield, IL 62703</p> </div> | | |

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 Tasca Enterprises, Inc. | | | | | |
| OR 1b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 1c MAILING ADDRESS 1300 Pontiac Avenue | | CITY Cranston | STATE RI | POSTAL CODE 02920 | COUNTRY USA |

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 | | | | | |
| OR 2b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | 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): Provide only one Secured Party name (3a or 3b)

| | | | | | |
|---|---------------------|-------------------------------|--------------------|-----------------------------|-----------------------|
| 3a ORGANIZATION'S NAME The Huntington National Bank, as Agent | | | | | |
| OR 3b INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 3c MAILING ADDRESS 7 Easton Oval-EA4C20 | | CITY Columbus | STATE OH | POSTAL CODE 43219 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral
 All assets of the Debtor, whether now owned or hereafter acquired.

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|---|--|--|--|--|--|
| 5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative | | | | | |
| 6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility | | | 6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing | | |
| 7. ALTERNATIVE DESIGNATION (if applicable) <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignor/Consignee <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Bator <input type="checkbox"/> Licensee/Licensor | | | | | |
| 8. OPTIONAL FILER REFERENCE DATA: | | | | | |