RI SOS Filing Number: 20212492	4880 Date: 5/27/20	21 11:14	:00 AM	
HOO FINANCING OF				
UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)			•	
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>			
CT Corporation Erin Roberson	i j			
4400 Easton Commons Way, Suite 125	}			
Columbus, OH 43219	,			
	THE ARO	VE SDACE IS E	OB CILING OFFICE US	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact name will not fit in fine 1b, leave all of item 1 blank, check here	, full name; do not omit, modify, or abbreviate ar	ty nart of the Debt	OR FILING OFFICE USE	
1a. ORGANIZATION'S NAME	vide the Individual Debtor information in Item 10	of the Financing S	talement Addendum (Form L	JCC1Ad)
TKN, INC.				
15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS			(-)	1001100
IC. MAILING ALIDRESS				1
·	CITY Harvey	STATE	POSTAL CODE	COUNTRY
16100 South Lathrop Avenue	Harvey	II.	60426	TICA
16100 South Lathrop Avenue 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, name will not fit in line 2b, leave all of item 2 blank, check here and prov	Harvey	IL V Dept of the Debto	60426	USA
16100 South Lathrop Avenue 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact,	Harvey	IL V Dept of the Debto	60426	USA
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5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)			
6a. Check only if applicable and check only one box:	being administered by a Decedent's Personal Representative		
Public-Finance Transaction	6b. Check only if applicable and check only one box:		
7. ALTERNATIVE DESIGNATION (if applicable).	Agricultural Lien Non-UCC Filing		
8. OPTIONAL FILER REFERENCE DATA:	/er Bailee/Bailor Licensee/Licensor		
Filed with: Rhode Island Secretary of State	509265-2341		