

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

2024-3299718-37.01

Michael G. Adams
Kentucky Secretary of State
File Date 2/9/2024 4:30:00 PM
Status Active
Fee \$20.00
Filer mmullins

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT SUBMITTER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

| | |
|---|------------------|
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 97279611 KYKY |
|---|------------------|

File with: Secretary of State, KY
SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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 Trading Card Game Con INC | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 1c. MAILING ADDRESS 71 Cavalier Boulevard STE 225 | | CITY Florence | STATE KY | POSTAL CODE 41042 |
| | | | 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 TCG-Con | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 2c. MAILING ADDRESS 71 Cavalier Boulevard STE 225 | | CITY Florence | STATE KY | POSTAL CODE 41042 |
| | | | COUNTRY USA | |

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 C T Corporation System, as representative | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | | |
| | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | | SUFFIX |
| 3c. MAILING ADDRESS 330 N Brand Blvd, Suite 700; Attn: SPRS | | CITY Glendale | STATE CA | POSTAL CODE 91203 |
| | | | COUNTRY USA | |

4. COLLATERAL: This financing statement covers the following collateral:

All personal property of every kind and nature, including, without limitation, all accounts, contract rights, rights to the payment of money, insurance claims and proceeds, chattel paper, electric chattel paper, documents, instruments, securities and other investment property, deposit accounts, supporting obligations of every nature, and general intangibles, including without limitation, customer lists, and all books and records related thereto, and all recorded data of any kind and any nature, regardless of the medium of recording; together with, to the extent not listed above as the original collateral, all substitutions and replacements for and products of any of the foregoing property, and together with proceeds of any and all of the foregoing property.

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/Licenser

8. OPTIONAL FILER REFERENCE DATA:
97279611



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 Trading Card Game Con INC | |
| OR | 9b. INDIVIDUAL'S SURNAME | |
| | FIRST PERSONAL NAME | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 SWEET VAPOR | |
| OR | 10b. INDIVIDUAL'S SURNAME | |
| | INDIVIDUAL'S FIRST PERSONAL NAME | |
| | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

| | | | | |
|-------------------------------------|-------------------|-------------|----------------------|----------------|
| 10c. MAILING ADDRESS 167 IRIS ST | CITY OCEANSIDE | STATE CA | POSTAL CODE 92058 | COUNTRY USA |
|-------------------------------------|-------------------|-------------|----------------------|----------------|

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 | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE |
| | | | | COUNTRY |

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:

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 Trading Card Game Con INC | |
| OR | |
| 18b. INDIVIDUAL'S SURNAME | |
| FIRST PERSONAL NAME | |
| ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

| | | | |
|---|---------------------|-------------------------------|----------------|
| 19a. ORGANIZATION'S NAME BITE DOWN LLC | | | |
| OR | | | |
| 19b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | | | |
| 19c. MAILING ADDRESS 7672 BOWEN AVE | | CITY CINCINNATI | STATE OH |
| | | POSTAL CODE 45255 | COUNTRY USA |

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 GRIFFITH | FIRST PERSONAL NAME DUSTIN | ADDITIONAL NAME(S)/INITIAL(S) A | SUFFIX |
| 20c. MAILING ADDRESS 13104 Sunset Drive APT A | | CITY Dillsboro | STATE IN |
| | | POSTAL CODE 47018 | COUNTRY USA |

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 TIMERDING | FIRST PERSONAL NAME DESTIN | ADDITIONAL NAME(S)/INITIAL(S) DUANE | SUFFIX |
| 21c. MAILING ADDRESS 13104 Sunset Drive APT A | | CITY Dillsboro | STATE IN |
| | | POSTAL CODE 47018 | COUNTRY USA |

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 |

24. MISCELLANEOUS: 97279611-KY-0 C T Corporation System, as File with: Secretary of State, KY