202505160046

05/16/2025 10:42 AM Pages: 1 of 2 Fees: \$304.50 Skagit County Auditor, WA

ICC FINANCING STATEMENT				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional	I)			
B. E-MAIL CONTACT AT SUBMITTER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · ·			
MOUNTAIN PACIFIC BANK 3732 BROADWAY	7			
EVERETT, WA 98201				
	₹ 1			
SEE BELOW FOR SECURED PARTY CONTACT			R FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (in name will not fit in line 1b, leave all of item 1 blank, check here	•			
1a. ORGANIZATION'S NAME	and provide the individual bedief information in item	To or the rinariong Ga		
TSYH CORPORATION				
Th. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	СПҮ	STATE	POSTAL CODE	COUNTRY
1640 TEXAS ST. APT 105	BELLINGHAM	WA	98229	USA
R 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
25. INGIVIDUAL O CONVAINE		I		
	CITY	STATE	POSTAL CODE	COLINTRY
	СПУ	STATE	POSTAL CODE	COUNTRY
: MAILING ADDRESS				1
: MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE OF AS				1
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SECURED PARTY'S NAME (or NAME of ASSIGNEE		ed Party name (3a or 3t		1
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	a. ORGANIZATION'S NAME						
ľ	TSYH CORPORATION						
۲	b. INDIVIDUAL'S SURNAME						
-	FIRST PERSONAL NAME						
-	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX					
			_			S FOR FILING OFFICE	
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or to not omit, modify, or abbreviate any part of the Debtor's name) and enter the m		line 1b	or 2b of the	Financing S	Statement (Form UCC1) (use	e exact, full name
_	IDa. ORGANIZATION'S NAME						
R	10b. INDIVIDUAL'S SURNAME						
-	INDIVIDUAL'S FIRST PERSONAL NAME						
ŀ	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	}					SUFFIX
Oc.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	118. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIO	ONAL NAME(S)/INITIAL(S)	SUFFIX
)R		FIRST PERSONAL NAME			ADDITIO	POSTAL CODE	SUFFIX
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