201811070009

11/07/2018 10:19 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

UCC FINANCING STATEMENT AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

Diana Norberg (509) 327-9634

B. E-MAIL CONTACT AT FILER (optional)

dianan@upfservices.com

C. SEND ACKNOWLEDGMENT TO. (Name and Address)

Chronos Mortgage Solutions

12410 E. Mirabeau Parkway, Ste 100

Spokane Valley, WA 99216

Spekene Velley, MA 20246	le 100		
Spokane Valley, WA 99216			
	— THE ABO	VE SPACE IS FOR FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCI	NG STATEMENT AMENDMENT is to be filed [for record]
201804200009 Filed 4/20/2018		IN THE REAL ESTATE RECURDS endment Addendum (Form UCC3Ad) and provide Det	otor's name in item 13
 TERMINATION: Effectiveness of the Financing Statement Statement. 	identified above is terminated with respect to the security	interest(s) of Secured Party authorizing this Te	rmination .
ASSIGNMENT (full or partial): Provide name of assignee For partial assignment, complete items 7 and 9 and also ind		name of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable law		of Secured Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes:	AND check one of these three boxes to:		
This Change affects Debtor or Secured Party of record	CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c		e: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party		74 of 75, and item 70	in tent oa or ob
6a. ORGANIZATION'S NAME	,		
OR			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
KESSINGER	STEPHEN	M	
7. CHANGED OR ADDED INFORMATION Complete for Assignment	ment or Party Information Change - provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate ar	y part of the Debtor's nam
7a. ORGANIZATION'S NAME			
OR 75. INDIVIDUAL'S SURNAME			
TO INDIVIDUAL S SUNIVAINE			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
76. MAILING ADDRESS	GITT	STATE POSTAL CODE	USA
 COLLATERAL CHANGE: Also check one of these four Indicate collateral: 	boxes: ADD collateral DELETE collateral	RESTATE covered Collateral	ASSIGN collateral.

If this is an Amendment authorized by a DEBTOR check	here and provide name of authorizing Debtor		
9a. ORGANIZATION'S NAME			
Puget Sound Cooperative Credit Union			
OR 9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
			i
10. OPTIONAL FILER REFERENCE DATA			
Chronos Tracking #5193941-42432	Loan #	SBA Loan #	

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)