201904150037

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Skagit County Auditor, WA

UCC FINANCING STATEMENT AME	NDMENT			
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				
		THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
19. INITIAL FINANCING STATEMENT FILE NUMBER	7	(or recorded) in the	STATEMENT AMENDMENT is to be fill ne REAL ESTATE RECORDS	
201702270043 Filed 2/27/2017 2. TERMINATION: Effectiveness of the Financing Statem			ment Addendum (Form UCC3Ad) and provide erest(s) of Secured Party authorizing this	
Statement.				
ASSIGNMENT (full or partial): Provide name of assign For partial assignment, complete items 7 and 9 and also		Assignee in item 7c, <u>and</u> na	me of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable.		o the security interest(s) of S	Secured Party authorizing this Continual	ion Statement is
PARTY INFORMATION CHANGE: Check one of these two boxes:	AND check one of these three b	oves to:		
This Change affects Debtor or Secured Party of reco	CHANGE name and/or add	dress: Complete AD		name: Give record name ted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Pa			To be done	
OR 66. INDIVIDUAL'S SURNAME DUEHNING	FIRST PERSO DOUGL		ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Ass				le any part of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				and the second s
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			,	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these to indicate collateral:	our boxes: ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral.
mulcale collateral.				
9. NAME OF SECURED PARTY OF RECORD AL	JTHORIZING THIS AMENDME	NT: Provide only one nam	e (9a or 9b) (name of Assignor, if this is	an Assignment)
If this is an Amendment authorized by a DEBTOR check I 9a. ORGANIZATION'S NAME	here and provide name of author		- (a) and furning at changing in min 19	
OR Puget Sound Cooperative Cre	ealt Union	FIRST NAME	ADDITIONAL NAME(S)/INITIAL	S) SUFFIX
	,			
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5547899-44290	Loan#		SBA Loan #	