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Skagit County Auditor, WA

A visual All March 1995 and 1995 and 1995				
JCC FINANCING STATEMENT AMEN	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, S	Tte 100			
Spokane Valley, WA 99216	AC 100			
		THE ARO	VE SPACE IS FOR FILING OFFICE US	E ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. 🗸 This FINANCII	IG STATEMENT AMENDMENT is to be filed [
201804300079 Filed 4/30/2018	3		n the REAL ESTATE RECORDS Indment Addendum (Form VCC3Ad) and provide Deb	otor's name in item 1:
TERMINATION: Effectiveness of the Financing Statement Statement	nt identified above is terminated with	respect to the security	interest(s) of Secured Party authorizing this Te	ermination .
ASSIGNMENT (full or partial): Provide name of assigned For partial assignment, complete items 7 and 9 and also in		signee in item 7c, <u>and</u>	name of Assignor in ilem 9	
CONTINUATION: Effectiveness of the Financing Staten continued for the additional period provided by applicable le	nent identified above with respect to t	he security interest(s) o	of Secured Party authorizing this Continuation	Statement is
PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND check one of these three box	es to:		
This Change affects Debtor or Secured Party of record	CHANGE name and/or addre item 6a or 6b; and item 7a o			e: Give record na in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Part 6a. ORGANIZATION'S NAME	ty Information Change - provide only	one name (6a or 6b)		
R 66. INDIVIDUAL'S SURNAME CHAPIN	FIRST PERSONA ERIC	AL NAME	ADDITIONAL NAME(S)INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION Complete for Assign 7a. ORGANIZATION'S NAME	nment or Party Information Change - provide	only <u>one</u> name (7a or 7b) (u	se exact full name; do not ornit, modify, or abbreviate ar	y part of the Debtor's
7 75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX
: . MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four	r boxes: ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collaters
Indicate collateral:				
				·
NAME OF SECURED PARTY OF RECORD AUT If this is an Amendment authorized by a DEBTOR check her 9a. ORGANIZATION'S NAME			time (9a or 9b) (name of Assignor, if this is an	Assignment)
Puget Sound Cooperative Cred	dit Union			
96. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FI	RST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
O OPTIONAL FILER REFERENCE DATA				
Chronos Tracking #5699206-45132	Loan #		SBA Loan #	