Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	NT	
A NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-96	534	
B E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com		
C SEND ACKNOWLEDGMENT TO (Name and Address)		
Characa Martraga Salutions	7	
<sup>1</sup> Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100	, l	
Spokane Valley, WA 99216	' I	
Operanc valley, vvv 05210	TUE 400	N/E CDACE IS EOD EII MIG OFFICE LISE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		NG STATEMENT AMENDMENT is to be filled [for record]
201404210035 Filed 4/21/2014	(or recorded)	in the REAL ESTATE RECORDS endment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
2 TERMINATION Effectiveness of the Financing Statement identified	above is terminated with respect to the security	interest(s) of Secured Party authorizing this Termination
3 ASSIGNMENT (turn partial) Provide name of assignee in item 7a	or 7b, and address of Assignee in item 7c, and	name of Assignor in item 9
For partial assignment, complete items 7 and 9 and also indicate affect	ted collatera in item 8	
4 CONTINUATION. Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.	ed above with respect to the security interest(s)	of Secured Party authorizing this Continuation Statement is
5 PARTY INFORMATION CHANGE		
Check one of these two boxes AND che	ck one of these three boxes to ANGE name and/or address - C::mplete	ADD name: Complete item DELETE name: Give record name
This Change affects Debter or Secured Party of record iter	n 6a or 6b; and item 7a or 7b and item 7c	7a or 7b, and item 7c to be de eled in item 6a or 6b
6 CURRENT RECORD INFORMATION: Complete for Party Information 6a, ORGANIZATION'S NAME	on Change - provide only <u>one</u> name (6a : / 6b)	
OR 66. INDIVIDUAL'S SURNAME FOSTER	FIRST PERSONAL NAME TOM	ADDITIONAL NAME(S:/INITIAL;S: SUFF:X
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Part	y Information Change - provide only one name (7a or 7b)	(use exact full name; do not omit, modify or abbreviate any part of the Debtor's name
7a. ORGANIZATION'S NAME		
OR 76. INDIVIDUAL'S SURNAME		
INDIVIDUAL'S FIRST PERSONAL NAME		
		SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S		33.1.11
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY USA
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral DELETE collateral	RESTATE covered Collateral ASSIGN collateral
Indicate collateral:		
9 NAME OF SECURED PARTY OF RECORD AUTHORIZIN If this is an Amendment sulhorized by a DEBTOR check here and	IG THIS AMENDMENT Provide only one provide name of authorizing Debtor	name (9a or 9b) (name of Assignor If this is an Assignment:
9a ORGANIZATION'S NAME		
Puget Sound Cooperative Credit Un	ION INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S::INITIAL(S: SUFFIX
96 INDIVIDUAL'S SURNAME	INDIVIDUAL S FIRST NAME	CONTRACTOR
10 OPTIONAL FILER REFERENCE DATA Chronos Tracking #5787648-45898 L		SBA Loan #