## 202007090054

07/09/2020 10:20 AM Pages: 1 of 1 Fees: \$103.50 Skagit County Auditor, WA

CC FINANCING STATEMENT LLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) OY WIRSCh (509) 327-9634 E-MAIL CONTACT AT FILER (optional)			
NAME & PHONE OF CONTACT AT FILER (optional) OY WIRSCH (509) 327-9634			
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oy Wirsch (509) 327-9634			
oy.wirsch@covius.com			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Chrones Mortgage Solutions	٦I		
Chronos Mortgage Solutions	·		
12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216	- 1 <b>i</b>		
	THE ABOVE	SPACE IS FOR FILING OFFICE USE OF	NLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full name	e, do not omit, modify, or abbreviate any	part of the Debtor's name), if any part of the Indi	vidual Debto
name will not fit in line 1b, leave all of item 1 blank, check here and provide the	e individual Deptor information in item i	Of the Financing Statement Addention (Form t	DCC (Au)
1a. ORGANIZATION'S NAME			
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	L NAME ADDITIONAL NAME(S;/IN:TIAL(S	
HUNZIKER	DARLENE		
MAILING ADDRESS	Sedro Woolley	STATE POSTAL CODE WA 98284	COUNTR
30 Presidio Pl			
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact full name name will not fit in time 2b, leave alt of item 2 blank, check here and provide the	e; do not omit, mouny, or abbreviale any he Individual Debtor information in item 1	0 of the Financing Statement Addendum (Form I	UCC1Ad)
2a. ORGANIZATION'S NAME			
		ABBITIONIA AMARCONIA TIALO	A112611
26. INDIVIDUAL'S SURNAME HUNZIKER	LANCE	ADDITIONAL NAME(S;/IN:TIAL(S) SUFFIX	
: MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
030 Presidio Pl	Sedro Woolley	WA 98284	US.
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORS	SECURED PARTY) Provide only one	secured party name (3s or 3b)	
. SECURED PART 1 3 NAME IN NAME OF TOTAL ROSIGNEE OF ASSIGNOR			
3a. ORGANIZATION'S NAME			
3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union		ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union		additional name(s)/initial(s)  state postal code  WA 98070	SUFFIX COUNTE

5. Check only if applicable and check only one box C	ollateral :s held in a Trust (see UCC1Ad, i	em 17 and instructions;	being administered by a Dec	eden't Personal Representat ve
6a Check <u>only</u> if applicable and check <u>only</u> one box Public-Finance Transaction Manufa	ctured-Home Transaction A Debtor is a	6 Trasmitting Utility	b. Check <u>only</u> if applicable a	nd check <u>only</u> one box Non-UCC Filing
7 ALTERNATE DESIGNATION (if applicable)	Lessee/Lessor Consignee/Consi	gnor Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #6666424-50877	Loan#		SBA Loan #	

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