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10/19/2020 08:39 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	
A NAME & PHONE OF CONTACT AT FILER (optional) Joy Wirsch (509) 327-9634	
B. E-MAIL CONTACT AT FILER (optional)	
joy.wirsch@covius.com c. send acknowledgment to: (Name and Address)	
_	기
Chronos Mortgage Solutions	'
12410 E. Mirabeau Parkway, Ste 100	
Spokane Valley, WA 99216	
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
18 INITIAL FINANCING STATEMENT FILE NUMBER	This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
201804160091 FILED 04/16/2018	Filer, attach Amendment Addendum (Form UCC3Ad), and provide Debtor's name in Item 13
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated Statement	ed with respect to the security interest(s) of Secured Facty administrating this Fernimenton
ASSIGNMENT (full or partial). Provide name of assignee in item 7a or 7b. and addressignment, complete items 7 and 9 and also indicate affected collateral in ite.	ss of Assignee in item 7c, <u>and</u> name of Assignor in item 9 em 8
CONTINUATION: Effectiveness of the Financing Statement identified above with rescontinued for the additional period provided by applicable law.	pect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes AND check one of these the	hree boxes to. /or address Complete ADD name: Complete item DELETE name. Give record name.
This Change affects Debtor or Secured Party of record item 6a or 6b. and it	tem 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provi 6a ORGANIZATION'S NAME	ide only <u>one</u> name (6a or 6b)
Noe	
	a 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 7b INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
7c MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY USA
8. COLLATERAL CHANGE. Also check one of these four boxes. ADD collateral Indicate collateral	DELETE collateral RESTATE covered Collateral ASSIGN collateral
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEI If this is an Amendment authorized by a DEBTOR check here and provide name of	NDMENT: Provide only <u>one</u> name (9a or 9b) (name of Assignor, of this is an Assignment) fauthorizing Debtor
9a organization's name Puget Sound Cooperative Credit Union	
	DUAL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #6997439-52405 Loan #	SBA Loan #
Chronos Tracking #0997439-02400 Loan #	