202011130034

11/13/2020 08:48 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

JCC FINANCING STATEMENT AMEN OLLOW INSTRUCTIONS	IDMENT			
A NAME & PHONE OF CONTACT AT FILER (optional)				
	327-9634			
E-MAIL CONTACT AT FILER (optional)				
joy.wirsch@covius.com				
SEND ACKNOWLEDGMENT TO (Name and Address)	l			
Chronos Mortgage Solutions	 			
12410 E. Mirabeau Parkway, S	to 100			
	16 100			
Spokane Valley, WA 99216	r			
		THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
8 INITIAL FINANCING STATEMENT FILE NUMBER		1b This FINANCING STAT (or recorded) in the REA	EMENT AMENDMENT is to be filed (fo	record)
<u>201801080037 FILED 01/08/20</u>		Filer stlach Amendment Ad	dendum (Form UCC3Ad) and provide Debto	
TERMINATION: Effectiveness of the Financing Statemen	at identified above is terminated with	respect to the security interest(s) of Secured Party authorizing this Ten	nination
Statement ASSIGNMENT (full or partial). Provide name of assignee	in item 7s or 7h, and address of As	sevenes in item 7c and name of	Assignor in item 9	
For partial assignment, complete items 7 and 9 and also inc		sarginee in item 70, gird Tilline O		
. CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable is		the security interest(s) of Secure	d Party authorizing this Continuation S	latement is
PARTY INFORMATION CHANGE:	w.		•	
Check one of these two boxes	AND check one of these three bo	xes lo		
This Change affects Debtor or Secured Party of record	CHANGE name and/or addr	ess. Complete ADD na	ne Complete item DELETE name and item 7c to be deleted in	
66 INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
Rasler	Heather		<u> </u>	
 CHANGED OR ADDED INFORMATION Complete for Assign 7a ORGANIZATION'S NAME 	nment of Party Information Change - provide	e only <u>one</u> name (/a or /b) (use exact t	uli name; do not omit, modily, or abbreviate any	part of the Debtors
0R				
76 INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX
individue a notificial towards with inclu				00,7,4,
c MAILING ADDRESS	ÇITY		STATE POSTAL CODE	COUNTRY USA
B. COLLATERAL CHANGE: Also check one of these fou	r boxesADD collateral	DELETE collateral	ESTATE covered Collateral A	SSIGN collatera
Indicate collateral:				
NAME OF SECURED PARTY OF RECORD AU If this is an Amendment authorized by a DEBTOR check he			or 9b) (name of Assignor, if this is an A	ssignment)
9a ORGANIZATION'S NAME		mig penior		
Puget Sound Cooperative Cre	dit Union			
96 INDIVIDUAL'S SURNAME	INDIVIDUAL'S	FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
				
io. Optional filer reference data Chronos Tracking #7124113-52901	Loan #		SBA Loan #	
OTHORIOS THUMING HT 12-TT10-02-00 T	EVW11T			