## 202012310013

12/31/2020 08:35 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change- 7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes ADD collateral Indicate collateral:	provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate  STATE POSTAL CODE  DELETE collateral RESTATE covered Collateral	SUFFIX  COUNTRY  USA  ASSIGN collateral
7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes ADD collateral	STATE POSTAL CODE	SUFFIX COUNTRY USA
7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S  7c. MAILING ADDRESS  CITY  8. COLLATERAL CHANGE: Also check one of these four boxes ADD collateral	STATE POSTAL CODE	SUFFIX COUNTRY USA
78. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S)  7c. MAILING ADDRESS  CITY	STATE POSTAL CODE	SUFFIX COUNTRY USA
78. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S		SUFFIX
78. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME	provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate	
7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S SURNAME	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	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	provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate	any part of the Debtor's name
	provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate	any part of the Debtor's name
OR 66. INDIVIDUAL'S SURNAME FIRST PEI  MOTRIS Gary	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide     6a ORGANIZATION'S NAME		
CHANGE name and/or	raddress: Complete ADO name: Complete item DELETE na	ame: Give record name ad in item 6a or 6b
PARTY INFORMATION CHANGE:  Check one of these two boxes  AND check one of these thru	se hovet fo	
CONTINUATION: Effectiveness of the Financing Statement identified above with responsible faw.	ct to the security interest(s) of Secured Party authorizing this Continuatio	n otatement is
For partial assignment, complete items 7 and 9 and also indicate affected collateral in item	18	on Statement :-
Statement.  3. ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, and address	of Assignee in item 7c, and name of Assignor in item 9	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated	Fier aftech Amendment Addendum (Form UCCSAd) and provide D with respect to the security interest(s) of Secured Party authorizing this	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201701300031 FILED 01/30/2017	1b This FINANCING STATEMENT AMENDMENT is to be filed (or recorded) in the REAL ESTATE RECORDS	
	THE ABOVE SPACE IS FOR FILING OFFICE U	
Spokane Valley, WA 99216	, 1	
12410 E. Mirabeau Parkway, Ste 100		
Chronos Mortgage Solutions	Ц	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_	
B. E-MAIL CONTACT AT FILER (optional) iOy.wirsch@covius.com		
Joy Wirsch (509) 327-9634		
A NAME & PHONE OF CONTACT AT FILER [optional]	7	
UCC FINANCING STATEMENT AMENDMENT		

FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 04/20/11)