## 202108060024

08/06/2021 08:44 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	IT		
A. NAME & PHONE OF CONTACT AT FILER (optional)	22.4		
Diana Norberg (509) 327-96	034		
B. E-MAIL CONTACT AT FILER (optional)  Diana.Norberg@covius.c			
C. SEND ACKNOWLEDGMENT TO: (Name and Address)			
	$\neg \mathbf{I}$		
<sup>I</sup> Chronos Mortgage Solutions	'1		
12410 E. Mirabeau Parkway, Ste 100	)		
Spokane Valley, WA 99216			
	THE ABO	VE SPACE IS FOR FILING OFFICE US	SE ONLY
19. INITIAL FINANCING STATEMENT FILE NUMBER		NG STATEMENT AMENDMENT is to be filed	(for record)
201410130014 Filed 10/13/2014	Filer, attach Ame	n the REAL ESTATE RECORDS andment Addendum (Form UCC3Ad) and provide De	
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified: Statement.</li> </ol>	above is terminated with respect to the security	interest(s) of Secured Party authorizing this T	ermination
ASSIGNMENT (full or partial) Provide name of assignee in item 7a .  For partial assignment, complete items 7 and 9 and also indicate affect.		name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identifies continued for the additional period provided by applicable law.		of Secured Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:			_
	ck one of these three boxes to:		
	ANGE name and/or address. Complete n 6a or 6b; and item 7a or 7b and item 7c		me. Give record name d 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 or 6b)		
OR : 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S	) SUFFIX
ROMANO	RICO		
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party 7a ORGANIZATION'S NAME	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 nam
OR 75. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
7c MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
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	IG THIS AMENDMENT: Provide only one	name (9a or 9b) (name of Assignor, if this is a	n Assignment)
If this is an Amendment authorized by a DEBTOR check here and	provide name of authorizing Debtor		- ·
Puget Sound Cooperative Credit Un	ion		
OR % INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)#INITIAL(S	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7505088-57353	oan #24682	SBA Loan #	