

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS **Skagit County Auditor** \$74.00 A. NAME & PHONE OF CONTACT AT FILER [optional] 2/26/2018 Page 1 of 1 10:38AM (509) 327-9634 Diana Norberg B. E-MAIL CONTACT AT FILER (optional). dianan@upfservices.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Chronos Mortgage Solutions 12410 E. Mirabeau Parkway. Ste 100 Spokane Valley, WA 99216 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a, INITIAL FINANCING STATEMENT FILE NUMBER ▼ This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 201506240025 Filed er attach. Amendment Addendum (Form (ICC3Ad) 2 V TERMINATION: Effectiveness of the Financing Statement igentified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b and address of Assignee in item 7c, and name of Assigner in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collareral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check one of these two boxes: AND check one of these three boxes to: CHANGE name and/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 item 7a or 7b and item 7c 7a or 7b, <u>and</u> item 7c to be deleted in item 6a or 6b 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one mane (6a or 6b) 6a. ORGANIZATION'S NAME OR 65. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX PORTER DAVID 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only __negrame (7a or 7b)(use exact full name, do not omit, modify, or abbreviate any part of the Debtor's name 7a ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S SUFFIX 7c. MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY USA DELETÉ collateral RESTATE covered Collateral ASSIGN collateral COLLATERAL CHANGE: Also check one of these four boxes. Indicate collateral 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an assignor, if this is an assignor).

INDIVIDUAL'S FIRST NAME

ADDITIONAL NAME(S)/INITIAL(S)

SBA Loan #

SUFFIX

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

Loan #

If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor

Puget Sound Cooperative Credit Union

9a. ORGANIZATION'S NAME

9b. INDIVIDUAL'S SURNAME

10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #4561103-38470