

UCC FINANGING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER [optional] **Skagit County Auditor** \$74.00 Diana Norberg (509) 327-9634 3/29/2018 Page 1 of 1 8:38AM B. E-MAIL CON ACT AT FILER (aptional) 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 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS 201803140002 TERMINATION: Effectiveness of the Financing Statement identified 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 Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral 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. 5. PARTY INFORMATION CHANGE: AND check one of these three boxes to:

CHANGE name and/or address: Complete

item 6a pr 6b; and item 7a or 7b and item 7c Check one of these two boxes: ADD name: Complete item DELETE name: Give record name This Change affects V Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION. Complete for Party Information Change - provide only one magne (6a or 6b) 6a. ORGANIZATION'S NAME 6b INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) MILLION R CATHRINE 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one green (7a on 7b) we exact full name; do not omit, modify, or abbreviate any part of the Debtor's na 7b. INDIVIDUAL'S SURNAME MILLION INDIVIDUAL'S FIRST PERSONAL NAME CATHERINE INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S SUFFIX R 7c. MAILING ADDRESS CITY STATE | POSTAL CODE COUNTRY 2602 N 34TH PLACE MT VERNON WA 98273-USA 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered Collaleral ASSIGN collateral Indicate collateral

Chronos Tracking #4631063-39048	Loan #	SBA Loan #	
10. OPTIONAL FILER REFERENCE DATA			
OR 95 INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST	NAME ADDITIONAL NAME(S)/INIT	IAL(S) SUFFIX
Puget Sound Cooperative Cre	edit Union		
9a. ORGANIZATION'S NAME			Y 7777
If this is an Amendment authorized by a DEBTOR check	nere and provide name of authorizing D	Debtor	
9. NAME OF SECURED PARTY OF RECORD A	JTHORIZING THIS AMENDMENT: F	Provide only <u>one</u> name (9a or 9b) (name of Assignor, 🕅 🏗	s is an Assignment)