



Skagit County Auditor 4/16/2018 Page

SBA Loan#

1 of

\$74.00 110:29AM

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional)	
Diana Norberg / (509) 327-9634	
B. E-MAIL CONTACT AT FILER (optional)	
dianan@upfservices.com	
C. SEND ACKNOWLEDGMENT PO. (Name and Address)	
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Chronos Mortgage Solutions	1
12410 E. Mirabeau Parkway, Ste 100	
Spokane Valley, WA 99216	

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A NAME & PHONE OF CONTACT AT FILER (optional)	.024		
Diana Norberg (509) 327-9	034		
B. E-MAIL CONTAGE AT PILER (optional)			
dianan@upfservices.com	 -		
C. SEND ACKNOWLEDGMENT FO. (Name and Address)			
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Chronos Mortgage Solutions	1		
12410 E. Mirabeau Parkway, Ste 10	າດ I		
Spokane Valley, WA 99216	, i		
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1. DEDTOR'S NAME Provide and the Debtor of Advanced Advan			
DEBTOR'S NAME: Provide only one Debtor name (1) or 1b) (use exact name will not fit in line 1b, leave all of item 1 blank of eck here	. tull name; do not omit, modify, or appreviate any p provide the Individual Debtor information in item 10	art of the Debtor's name); if any part of the Inc. of the Financina Statement Addendum (Form	lividual Debtor's
1a. ORGANIZATION'S NAME			
OR .			
16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
KINSLAND	CHRIS		
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
2201 S 18th St	》 /∃Mount Vernon	WA 98274-	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact	ul name; de not omit, modify, or abbreviate any p	art of the Debtor's name); if any part of the Ind	lividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here and p	provide the Individual Debtor information in item 10	of the Financing Statement Addendum (Form	UCC1Ad)
2a. ORGANIZATION'S NAME			
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
Ed. W. Bellio / Concept		STATE FOSTAL CODE	USA
			USA
3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of ASSI	IGNOR SECURED PARTY): Provide only one se	ured party name (3a or 3b)	
3a ORGANIZATION'S NAME	.iaa		
Puget Sound Cooperative Credit Un		· 	
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
600 108th Ave NE Suite #1035	Bellevue	WA 98004	USA
4. COLLATERAL: This financing statement covers the following collalers	al:	The state of the s	
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Chronos Tracking #4687736-39329