201806150002

06/15/2018 08:33 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS						
A NAME & PHONE OF CONTACT AT FILER [optional] Jen Ely (509) 327-9634						
B. E-MAIL CONTACT AT FILER (optional) j.ely@chronossolutions.c	·					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
¹ Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100	1					
Spokane Valley, WA 99216						
		THE AB	BOVE SPA	CE IS FOR FILIN	G OFFICE USE	ŌNLŸ
19. INITIAL FINANCING STATEMENT FILE NUMBER 201702210031 filed 2/21/2017	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Filer:attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13					
TERMINATION: Effectiveness of the Financing Statement identified above Statement.	is terminated with					
ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected col	and address of A	ssignee in item 7c, <u>ar</u>	nd name of	Assignor in item 9		
CONTINUATION: Effectiveness of the Financing Statement identified abord continued for the additional period provided by applicable law.		the security interest(s) of Secure	d Party authorizing t	his Continuation S	tatement is
PARTY INFORMATION CHANGE:	_	•				_
	of these three bo		ADD nar	ne: Complete item _	DELETE name:	Give record name
This Change affects Debtor or Secured Party of record Item 6a or 6. CURRENT RECORD INFORMATION: Complete for Party Information Cha	r 6b; and item 7a		7a or 7b,	and item 7c	to be deleted in	
6a. ORGANIZATION'S NAME					· · · · · · · · · · · · · · · · · · ·	-
OR 6b. INDIVIDUAL'S SURNAME NYMAN	FIRST PERSONAL NAME CHARLES			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Inform. [7a. ORGANIZATION'S NAME			b) (use exact fu	Il name; do not omit, mod	dify, or abbreviate any p	art of the Debtor's name
OR						
76. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S						SUFFIX
7c. MAILING ADDRESS	CITY			STATE POSTAL	CODE	COUNTRY
	collateral	DELETE collatera	i RE	STATE covered Co	llateral A	SSIGN collateral.
Indicate collateral:						
NAME OF SECURED PARTY OF RECORD AUTHORIZING THI If this is an Amendment authorized by a DEBTOR check here and provide and provide	S AMENDMEN	T: Provide only <u>one</u>	name (9a d	or 9b) (name of Assig	gnor, if this is an A	ssignment)
Puget Sound Cooperative Credit Union						
OR 9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S F	RST NAME		ADDITIONAL NAM	E(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #4842579-40130 Loan #	'			SBA Loan #		