201806190019 06/19/2018 10:14 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

	06/19/2018 10:14 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				
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216				
		THE ABOVI	E SPACE IS FOR FILING OFFICE US	E-ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201310230044 filed 10/23/2013 2. ▼ TERMINATION: Effectiveness of the Financing Statement identified above is Statement.	terminated with	(or recorded) in t	S STATEMENT AMENDMENT is to be filed the REAL ESTATE RECORDS ment adoptovide De terest(s) of Secured Party authorizing this Total Control of Secured Party authorizing this Control of Secured Party authorized P	btor's name in item 13
ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, <u>ar</u> For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collat		signee in item 7c, <u>and</u> n	ame of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to	the security interest(s) of	Secured Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes: AND check one of these two boxes: CHANGE no	f these three bot ame and/or addr		DD name: Complete item DELETE nam	e: Give record name
This Change affects Debtor or Secured Party of record item 6a or 6 6. CURRENT RECORD INFORMATION: Complete for Party Information Change			a or 7b, and item 7c to be deleted	in item 6a or 6b
6a. ORGANIZATION'S NAME	ge - provide only	one name (oa or ob)		
	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME	on Change - provide	only one name (7a or 7b) (use	e exact full name; do not omit, modify, or abbreviate a	ny part of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
" INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			7	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes: ADD control indicate collateral: ADD control indicate collateral:	oilateral [DELETE collateral	RESTATE covered Collateral	ASSIGN collateral.
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS If this is an Amendment authorized by a DEBTOR check here and provide n OR OPENALTATIONS NAME.			ne (9a or 9b) (name of Assignor, if this is an	Assignment)
9a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union				
OR 9b. INDIVIDUAL'S SURNAME	NDIVIDUAL'S F	RST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

SBA Loan #

Loan#

10. OPTIONAL FILER REFERENCE DATA

Chronos Tracking #4836153-40041