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SBA Loan #

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 (509) 327-9634 Jen Ely B. E-MAIL CONTACT AT FILER (optional) j.ely@chronossolutions.c 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 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201704200011 filed 4/20/2017 Filer: attach Amendment Addendum (Form UCC3Ad) and provide De 2. 🗹 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination 3. 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 4. CONTINUATION: Effectiveness of the Financing Statement identified above 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 three boxes to: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete item DELETE name: Give record na 7a or 7b, and item 7c This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX CARACCIOLO CHRIS 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only one name (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 CITY STATE POSTAL CODE COUNTRY USA DELETE collateral 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral RESTATE covered Collateral ASSIGN 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 Assignment) If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union OR 9b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

Loan #

10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #4848824-40216