## 201808290010

08/29/2018 08:41 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

## UCC FINANCING STATEMENT AMENDMENT

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 TO: (Name and Address)

Chronos Mortgage Solutions
12410 E. Mirabeau Parkway, Ste 100
Spokane Valley, WA 99216

12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216	1		
		THE ABOVE SPACE IS FOR FILING OF	FFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201605020038 Filed 5/2/2016	<u> </u>	nis FINANCING STATEMENT AMENDMENT is r recorded) in the REAL ESTATE RECORDS ecattach Amendment Addendum (Form UCC3Ad) ar	
<ol> <li>TERMINATION: Effectiveness of the Financing Statement identified about Statement.</li> </ol>	ove is terminated with respect to	the security interest(s) of Secured Party author	izing this Termination .
<ol> <li>ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected</li> </ol>		tem 7c, and name of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to the securit	y interest(s) of Secured Party authorizing this C	ontinuation Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes: AND check o	one of these three boxes to:		
	GE name and/or address: Comp a or 6b; and item 7a or 7b and i		ELETE name: Give record name be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C			
6a. ORGANIZATION'S NAME		·	
OR			
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)	/INITIAL(S) SUFFIX
BERSHON	NANCY	! M	
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Info	ormation Change - provide only one na	me (7a or 7b) (use exact full name; do not omit, modify, or	r abbreviate any part of the Debtor's nar
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL COD	
	<u>i</u>		USA
COLLATERAL CHANGE: Also check one of these four boxes: Also Indicate collateral:	DD collateral DELET	E collateral RESTATE covered Collater	ASSIGN collateral.

9.	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	an Amendment authorized by a DEBTOR check here and provide name of authorizing Debtor					
9a. ORGANIZATION'S NAME							
	Puget Sound Cooperative Credit Union						
OF	9b. INDIVIDUAL'S SURNAME		·				
	9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX				
	·						
10	). OPTIONAL FILER REFERENCE DATA			_			
С	thronos Tracking #5006393-41392	Loan #	SBA Loan #				