## 201809100067

SBA Loan #

UCC FINANCING STATEMEN	T AMENDMENT	09/10/2018 08 Skasit County A	:47 AM Pages: 1 uditor	of 1 Fees: 300	
FOLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER [option		<del></del> -			
Diana Norberg	(509) 327-9634				
B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com c. SEND ACKNOWLEDGMENT TO: (Name and A					
Chronos Mortgage Solu 12410 E. Mirabeau Parl					
Spokane Valley, WA 99		_			
			HE ABOVE SPACE IS F	OR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBE 201601150019 Filed 1/1		(or r	ecorded) in the REAL ESTA	AMENDMENT is to be filed [fo TE RECORDS Form UCC3Ad) and provide Debto	
2. TERMINATION: Effectiveness of the Finan					
Statement.  3. ASSIGNMENT (full or partial): Provide na	me of assignee in item 7a or 7b, g	and address of Assignee in ite	m 7c, and name of Assignor	in item 9	
For partial assignment, complete items 7 and 4. CONTINUATION: Effectiveness of the Fire			nterest(s) of Secured Party a	authorizing this Continuation SI	atement is
continued for the additional period provided b	y applicable law.				
5. PARTY INFORMATION CHANGE:	AND	of these three bounds			
Check one of these two boxes:	CHANGE r	of these three boxes to: name and/or address: Complet			Give record name
This Change affects Debtor or Secured 6. CURRENT RECORD INFORMATION: Co 6a. ORGANIZATION'S NAME		6b; and item 7a or 7b and item 7b on the only one name (6		m 7c to be deleted in	item 6a or 6b
6b. INDIVIDUAL'S SURNAME BARRETT		FIRST PERSONAL NAME SHIRLEY	ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION C 7a. ORGANIZATION'S NAME	omplete for Assignment or Party Informat	tion Change - provide only one name	(7a or 7b) (use exact full name; de	o not omit, modify, or abbreviate any	part of the Debtor's n
7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INI	FIAL(S				SUFFIX
7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check or	ne of these four boxes: ADD	collateral DELETE of	collateral RESTATE	covered Collateral A	SSIGN collateral.
Indicate collateral:					
9. NAME OF SECURED PARTY OF RE	CORD AUTHORIZING THIS	S AMENDMENT: Provide of	nly one name (9a or 9b) (na	ame of Assignor, if this is an As	ssignment)
If this is an Amendment authorized by a DEBT 9a. ORGANIZATION'S NAME	OR check here and provide	name of authorizing Debtor			
Puget Sound Cooperati		INDIVIDUAL'S FIRST NAME	Δηριτι	ONAL NAME(S)/INITIAL(S)	SUFFIX
S. INDIVIDURE G CONTAINE		HAPINIDOUE O LIVOT HAME	ADDIT	OTATIC MINITERE(S)	301717

Loan#

10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5052837-41499