



201809110003

09/11/2018 08:45 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)  
 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

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 201808290012 Filed 8/29/2018 1b.  This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS

2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.

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 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8

4.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

5.  PARTY INFORMATION CHANGE: Check one of these two boxes: AND check one of these three boxes: This Change affects  Debtor or  Secured Party of record  CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c  ADD name: Complete item 7a or 7b, and item 7c  DELETE name: Give record name to be deleted in item 6a or 6b

6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S SURNAME MCDANIEL FIRST PERSONAL NAME CATHRINE ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

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

OR 7b. INDIVIDUAL'S SURNAME MCDANIEL INDIVIDUAL'S FIRST PERSONAL NAME CATHERINE INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Y

7c. MAILING ADDRESS 22410 McMurray Shore Dr CITY Mount Vernon STATE WA POSTAL CODE 98274- COUNTRY USA

8.  COLLATERAL CHANGE: Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered Collateral  ASSIGN collateral. Indicate 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

10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5059143-41558 Loan # SBA Loan #