## 201810080018

	Skagit Co	IN 08:33 AM	. 4542	: 1 of 1 Fees	: \$99.00
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 SPA	CE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201804020023 Filed 4/2/2018 -	1b. 🗸 T	his FINANCING STAT or recorded) in the RE	EMENT AN	MENDMENT is to be filed [for RECORDS]	or record]
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminating				m UCC3Ad) and provide Debte d Party authorizing this Ter	
Statement.		Y7			
<ol> <li>ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, and ad For partial assignment, complete items 7 and 9 and also indicate affected collateral in</li> </ol>		item /c, <u>aṇo</u> name or	Assignor ir	item 9	
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identified above with continued for the additional period provided by applicable law.</li> </ol>	respect to the securi	y interest(s) of Secure	ed Party aut	horizing this Continuation S	tatement is
5. PARTY INFORMATION CHANGE:				<del>-</del>	
Check one of these two boxes:  AND check one of these CHANGE name a	se three boxes to: and/or address: Comp	lete ADD na	me: Comple	ete item DELETE name	: Give record name
	d item 7a or 7b and	tem 7c 7a or 7b	, <u>and</u> item		
6a. ORGANIZATION'S NAME	rovide only <u>one</u> name	(6a 0r 6b)			
OR 6b. INDIVIDUAL'S SURNAME FIRST	T PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MELA		S	MAC MANUE (O)/INT HAC(O)	SOFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Cha  [7a, ORGANIZATION'S NAME]	ange - provide only <u>one</u> n	ime (7a or 7b) (use exact f	ull name; do n	ot omit, modify, or abbreviate any	part of the Debtor's name
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME				1	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			-		SUFFIX
7c. MAILING ADDRESS CITY			STATE	POSTAL CODE	COUNTRY
					USA
		E collateral R			
COLLATERAL CHANGE: Also check one of these four boxes: ADD collater indicate collateral:	ralDELET	E conateral N	ESTATE co	overed Collateral A	SSIGN collateral.
COLLATERAL CHANGE: Also check one of these four boxes: ADD collater Indicate collateral:	ralDELET	E Conateral	ESTATE co	overed Collateral	SSIGN collateral.
<u> </u>	ralDELET	E Collateral	ESTATE co	overed Collateral	SSIGN collateral.
·	ral DELET	E conacerar	ESTATE co	vered Collateral	SSIGN collateral.
<u> </u>	ral DELET	Econateral	ESTATE co	vered Collateral	SSIGN collateral.
Indicate collateral:					,
Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DEBTOR check here and provide name	ENDMENT: Provic	e only <u>one</u> name (9a			,
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DEBTOR check here ☐ and provide name of the provi	ENDMENT: Provic	e only <u>one</u> name (9a			,
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME If this is an Amendment authorized by a DEBTOR check here and provide name of Puget Sound Cooperative Credit Union	ENDMENT: Provic	e only <u>one</u> name (9a	or 9b) (nan		,