

SUFFIX

ASSIGN collateral

COUNTRY

STATE | POSTAL CODE

RESTATE covered Collateral

11/09/2018 10:34 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 Diana Norberg 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 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS 201509280038 Filed 9/28/2015 Filer attach Amendment Addendum (Form UCC3Ad) 2. V 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 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 to: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name: Complete 7a or 7b, and item 7c ADD name: Complete item DELETE name: Give record name 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) REDDICK ADAM 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

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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				
00	Puget Sound Cooperative Credit Union				
OR	9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIR	ST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA					
Chronos Tracking #5195148-42452 Loan # SBA			SBA Loan #		

DELETE collateral

7b. INDIVIDUAL'S SURNAME

7c. MAILING ADDRESS

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S

8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral