201901070034

	01/07 Skagit	/2019 08:52 AM P County Auditor	ages: 1 of 1 Fees: \$9	9.00
UCC FINANCING STATEMENT AMENDMENT				
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER [optional]		1		
Diana Norberg (509) 327-9634	ļ			
B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	\neg			
Chronos Mortgage Solutions	'			
12410 E. Mirabeau Parkway, Ste 100				
Spokane Valley, WA 99216	1			
			PACE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201502170068 Filed 2/17/2015	-	(or recorded) in the I	ATEMENT AMENDMENT is to be filed [for REAL ESTATE RECORDS	
2. ▼ TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated wit		t Addendum (Form UCC3Ad) and provide Debte st(s) of Secured Party authorizing this Ter	-
Statement.		<u> </u>		
 ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, For partial assignment, complete items 7 and 9 and also indicate affected co 		Assignee in item 7c, and name	of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified abortontinued for the additional period provided by applicable law.		the security interest(s) of Sec	ured Party authorizing this Continuation S	tatement is
5. PARTY INFORMATION CHANGE:				
	of these three b			
	name and/or add r 6b; and item 7a		name: Complete item DELETE name 7b, and item 7c to be deleted in	: Give record name i item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Cha	ange - provide on	y <u>one</u> name (6a or 6b)		
6a. ORGANIZATION'S NAME				
6b. INDIVIDUAL'S SURNAME NEEDY	PIRST PERSO DAVID	NAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Inform	nation Change - provid	le only one name (7a or 7b) (use exa	ct full name; do not omit, modify, or abbreviate any	part of the Debtor's nar
7a. ORGANIZATION'S NAME				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
B. COLLATERAL CHANGE: Also check one of these four boxes: ADD) collateral	DELETE collateral	RESTATE covered Collateral	SSIGN collateral.
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IIS AMENDMEN	JT: Provide only one name //	9a or 9h) (name of Assignor, if this is on /	ssignment)
If this is an Amendment authorized by a DEBTOR check here and provide	e name of authori		ou or one (name or Assignor, it tills is all A	grinicik)
9a. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union				
9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S	FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA	#		SBA Loop #	
Chronos Tracking #5368666-43243 Loan	#		SBA Loan #	