201901080001

01/08/2019 08:49 AM Pages: 1 of 1 Fees: \$99.00

Skagit County Auditor, WA

UCC FINANCING STATEMENT AME	NDMENT				
A. NAME & PHONE OF CONTACT AT FILER (optional)	327-9634				
Diana Norberg (509) B. E-MAIL CONTACT AT FILER (optional)	327-9034				
dianan@upfservices.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
	\neg				
Chronos Mortgage Solutions)) 400				
12410 E. Mirabeau Parkway, S Spokane Valley, WA 99216	ste 100				
Spokane valley, vvii 33210		THE ABOVE OD AGE IS E	00 FIL ING OFFICE II	or only	
1a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPACE IS FI	AMENDMENT is to be filed		
201710120018 Filed 10/12/201	(or recorded) in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13				
 TERMINATION: Effectiveness of the Financing Statement. 	ent identified above is terminated with	respect to the security interest(s) of Secur	red Party authorizing this 1	Fermination .	
ASSIGNMENT (full or partial): Provide name of assigne For partial assignment, complete items 7 and 9 and, also in		ssignee in item 7c, <u>and</u> name of Assignor	in item 9		
4. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable	ment identified above with respect to	the security interest(s) of Secured Party at	uthorizing this Continuatio	n Statement is	
5. PARTY INFORMATION CHANGE:					
Check one of these two boxes:	AND check one of these three bo		dele ilem - DELETE ne	me: Give record name	
This Change affects Debtor or Secured Party of record	d item 6a or 6b; and item 7a	or 7b <u>and</u> ilem 7c 7a or 7b, <u>and</u> ilem		d in item 6a or 6b	
CURRENT RECORD INFORMATION: Complete for Pa 6a. ORGANIZATION'S NAME	rty Information Change - provide only	one name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSOI	AL NAME ADDITK	ONAL NAME(S)/INITIAL(S) SUFFIX	
STEWART	JANET	L	(1)	,	
7. CHANGED OR ADDED INFORMATION Complete for Assistant Ass. 7a. ORGANIZATION'S NAME	gnment or Party Information Change - provid	only one name (7a or 7b) (use exact full name; do	not omit, modify, or abbreviate a	any part of the Debtor's na	
OR 75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX	
7c. MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNTRY	
8, COLLATERAL CHANGE: Also check one of these for	ır boxes:ADD collateral	DELETE collateral RESTATE of	covered Collateral	ASSIGN collateral.	
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AU	THORIZING THIS AMENDMEN	T: Provide only one name (9a or 9b) (na	me of Assignor, if this is a	n Assignment)	
If this is an Amendment authorized by a DEBTOR check he 9a. ORGANIZATION'S NAME					
Puget Sound Cooperative Cre	dit Union				
OR 9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S F	IRST NAME ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX	
10. OPTIONAL FILER REFERENCE DATA					
Chronos Tracking #5383006-43333	Loan #	SBA Lo	SBA Loan #		