201901280006

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Skagit County Auditor, WA

ICC FINANCING STATEMENT AME	NDMENT			
OLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) B. E-MAIL CONTACT AT FILER (optional) dianan@upfservices.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Chronos Mortgage Solutions	327-9634			
12410 E. Mirabeau Parkway,	Ste 100			
Spokane Valley, WA 99216				
			E SPACE IS FOR FILING OFFICE U	
 a. INITIAL FINANCING STATEMENT FILE NUMBER 201512040062 Filed 12/4/2015 TERMINATION: Effectiveness of the Financing Statem Statement 		(or recorded) ii Filer allach Ame	IG STATEMENT AMENDMENT is to be filed the REAL ESTATE RECORDS andment Addendum (Form UCC3A6) and provide Dinterest(s) of Secured Party authorizing this 1	blor's name in item 1
ASSIGNMENT (full or partial): Provide name of assign-		Assignee in item 7c, and	name of Assignor in item 9	
. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable	ement identified above with respect t	to the security interest(s) o	of Secured Party authorizing this Continuation	n Statement is
PARTY INFORMATION CHANGE:				•••
Check <u>ane</u> of these Iwa boxes:	AND check one of these three b		ADD name. Complete item DELETE nai	ne: Give record n
This Change affects Debtor or Secured Party of reconcurrence of Party of Pa			7a or 7b, <u>and</u> item 7cto be delete	d in item 6a or 6b
65. INDIVIDUAL'S SURNAME SWANSON	FIRST PERSO RONAL		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
CHANGED OR ADDED INFORMATION Complete for Ass 7a. ORGANIZATION'S NAME	signment or Party Information Change - provi	ide only <u>one</u> name (7a or 7b) (u	se exact full name; do not umit, modify, or abbreviate a	any part of the Debtor'
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX
: MAILING ADDRESS	СІТҮ		STATE POSTAL CODE	COUNTRY
		DELETE collateral	RESTATE covered Collateral	ASSIGN cottater
COLLATERAL CHANGE: Also check one of these for Indicate collateral:	our boxes: _ ADD collateral	OLLE IL COMBINA		
NAME OF SECURED PARTY OF RECORD AU If this is an Amendment authorized by a DEBTOR check in the second of these for the second of the second o	UTHORIZING THIS AMENDMEI	NT: Provide only <u>one</u> n.	ame (9a or 9b) (name of Assignor, if this is a	n Assignment)