201902070052

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Skagit County Auditor, WA

JCC FINANCING STATEMENT AMEN	NDMENT		
A. NAME & PHONE OF CONTACT AT FILER (optional)	007.0004		
Diana Norberg (509) 3 3. E-MAIL CONTACT AT FILER (optional)	327-9634		
dianan@upfservices.com			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Characa Martana Salutions			
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, S	Sto 100		
Spokane Valley, WA 99216	ne 100		
	11 .		
a. INITIAL FINANCING STATEMENT FILE NUMBER		THE ABOVE SPACE IS FOR FILING OFFICE IS FINANCING STATEMENT AMENDMENT IS to be file.	
201102040013 Filed 2/4/2011	, (or	recorded) in the REAL ESTATE RECORDS r. attach_Amendment Addendum (Form UCC3Ad) and provide	
TERMINATION: Effectiveness of the Financing Statemen			
Statement. ASSIGNMENT (full or partial): Provide name of assigned	e in item 7a or 7h, and address of Assignee in it	em 7c, and, name of Assignor in item 9	
For partial assignment, complete items 7 and 9 and also in		The state of the s	
CONTINUATION: Effectiveness of the Financing Staten continued for the additional period provided by applicable la	ment identified above with respect to the security aw.	interest(s) of Secured Party authorizing this Continual	tion Statement is
PARTY INFORMATION CHANGE:			
Check one of these two boxes:	AND check one of these three boxes to:	ete ADD name: Complete item DELETE i	name: Give record nan
This Change affects Debtor or Secured Party of record		em 7c 7a or 7b, <u>and item 7c</u> to be dele	ted in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Par 6a. ORGANIZATION'S NAME 	ty Information Change - provide only one name (6a or 6b)	
DR			
66. INDIVIDUAL'S SURNAME JOHNSON	FIRST PERSONAL NAME MARK	ADDITIONAL NAME(S)/INITIAL CHARLES	(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assign			le any part of the Deblor's r
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S SURNAMÉ			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
7c. MAILING ADDRESS	СПҮ	STATE POSTAL CODE	COUNTRY
B. COLLATERAL CHANGE: Also check one of these fou	ir boxes: ADD collateral DELETE	collateral RESTATE covered Collateral	ASSIGN collateral
Indicate collateral:	·		
9. NAME OF SECURED PARTY OF RECORD AU	THORIZING 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 he 9a. ORGANIZATION'S NAME	A COMMO		
			· · · · · · · · · · · · · · · ·
	dit Union		
Puget Sound Cooperative Cred	dit Union individual's first name	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
Puget Sound Cooperative Cre		ADDITIONAL NAME(SYINITIAL	(S) SUFFIX