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02/27/2019 02:06 PM Pages: 1 of 1 Fees: \$99.00

Skagit County Auditor, WA

UCC FINANCING STATEMENT AME	NDMENT			
FOLLOW INSTRUCTIONS		_		
A NAME & PHONE OF CONTACT AT FILER [optional] Diana Norberg (509)	327-9634			
B. E-MAIL CONTACT AT FILER (optional)				
dianan@upfservices.com				
C SEND ACKNOWLEDGMENT TO: (Name and Address)		, I		
Chronos Mortgage Solutions		1		
12410 E. Mirabeau Parkway, S	Ste 100			
Spokane Valley, WA 99216				
		THE ABOV	E SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCIN	G STATEMENT AMENDMENT is to be for	
201807100005 Filed 7/10/2018		(or recorded) in	the REAL ESTATE RECORDS ndment Addendum (Form UCC3Ad) and provid	
2. TERMINATION: Effectiveness of the Financing Statemen	int identified above is terminated v	with respect to the security i	nterest(s) of Secured Party authorizing th	is Termination .
3. ASSIGNMENT (full or partial): Provide name of assigne	ee in item 7a or 7b, and, address o	of Assignee in item 7c. and	name of Assignor in item 9	
For partial assignment, complete items 7 and 9 and also it				
4. CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable	ment identified above with respectaw.	t to the security interest(s) o	f Secured Party authorizing this Continua	ation Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND check one of these three			A
This Change affects Debtor or Secured Party of recor	CHANGE name and/or a d item 6a or 6b; and item			name: Give record name eted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Pa 6a, ORGANIZATION'S NAME	rty Information Change - provide o	only <u>one</u> name (6a or 6b)		
6b. INDIVIDUAL'S SURNAME		SONAL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
Pace 7. CHANGED OR ADDED INFORMATION Complete for Assi	Lisa	ouido ante engano (72 ar 7h) (u	co exact full came: do not emit, modify, or abbrevi	ote any part of the Debtor's name
7a. ORGANIZATION'S NAME	girrent or Farty anomiason change - pro	bonde only bile name (74 of 75) (d	se exaction name, do not only, moonly, or above w	ate any part of the Debiot S rain.
OR =				
7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	,			SUFFIX
7c. MAILING ADDRESS	СІТҮ		STATE POSTAL CODE	COUNTRY
8,COLLATERAL CHANGE: Also check one of these for	ur boxes: ADD collateral	DELETE collateral	RESTATE covered Collateral	: ASSIGN collateral.
Indicate collateral:	7 20,000 1,), 120 20,000			
9. NAME OF SECURED PARTY OF RECORD AU	THORIZING THE MICHEL	ENT: Comid	ma (Co or Oh) (nome of Actions (Ch.)	a an Assignment
If this is an Amendment authorized by a DEBTOR check h	,		anic (ad or an) (name of Assignor, if this i	a an wasigninerity
9a ORGANIZATION'S NAME Puget Sound Cooperative Cre	dit Union			
OR 9b. INDIVIDUAL'S SURNAME		'S FIRST NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
	<u> </u>			
10. OPTIONAL FILER REFERENCE DATA			200.1	
Chronos Tracking #5510224-43844	Loan #		SBA Loan #	