201904030008

04/03/2019 09:44 AM Pages: 1 of 1 Fees: \$99.00

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMEND	MENT			
FOLLOW INSTRUCTIONS	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
A NAME & PHONE OF CONTACT AT FILER [optional] Diana Norberg (509) 32	7 0634			
B. E-MAIL CONTACT AT FILER (optional)	17-9034			
dianan@upfservices.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	\neg			
Chronos Mortgage Solutions	100			
12410 E. Mirabeau Parkway, Ste	100			
Spokane Valley, WA 99216	1			
		THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER			STATEMENT AMENDMENT is to be fi e REAL ESTATE RECORDS	led (for record)
201605090086 Filed 5/9/2016 2. ▼ TERMINATION: Effectiveness of the Financing Statement id			nent Addendum (Form UCC3Ad) and provide	
Statement.	derithied accove is terminated with	espect to the seconty the	resit(s) or Secured Faity authorizing in	is reminiation.
ASSIGNMENT (full or partial): Provide name of assignee in For partial assignment, complete items 7 and 9 and also indica		signee in item 7c, and na	me of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.		ne security interest(s) of S	ecured Party authorizing this Continua	lion Statement is
5. PARTY INFORMATION CHANGE:		\		
Check one of these two boxes:	ND check one of these three box			
This Change affects Deblor or Secured Party of record	CHANGE name and/or addressitem 6a or 6b; and item 7a or			name: Give record name eted in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party In 6a. ORGANIZATION'S NAME	nformation Change - provide only o	name (6a or 6b)	-	
OR	FIRST PERSONA	I NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
MACNEILL	DAVID	IL IVAIVIC	L	(O) SOFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignme	nt or Party Information Change - provide	only one name (7a or 7b) (use	exact full name; do not omit, modify, or abbrevia	te any part of the Debtor's name
7a. ORGANIZATION'S NAME				
OR 75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S				SUFFIX
7c. MAILING ADDRESS	СІТҮ		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four bo	xes: ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral.
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHO	ORIZING 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 here	and provide name of authorizing		, , , , , , , , , , , , , , , , , , , ,	,
98. ORGANIZATION'S NAME Puget Sound Cooperative Credit	Union			
OR 95. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIR	RST NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA	Loop #		SPAL con #	
Chronos Tracking #5536224-44129	Loan #		SBA Loan #	