## 201905130009

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Skagit County Auditor, WA

UCC FINANCING STATEMENT 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)			
Chronos Mortgage Solutions	7		
12410 E. Mirabeau Parkway, Ste 1	100		
Spokane Valley, WA 99216	.00		
	THE ABOV	/E SPACE IS FOR FILING OFFICE USE O	NI Y
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use ex		******	
name will not fit in line 1b, leave all of item 1 blank, check herear			
1a. ORGANIZATION'S NAME			
DR 16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX
UBUNGEN	CITY	STATE POSTAL CODE	COUNTRY
			i
2. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check herear			ividual Debtor
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check here ar 2a. ORGANIZATION'S NAME	act full name; do not omit, modify, or abbreviate an	ny part of the Debtor's name); if any part of the Inc	ividual Debtor
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2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check here ar 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  2c. MAILING ADDRESS  3. SECURED PARTY'S NAME: (or NAME of TOTAL ASSIGNEE of A	act full name; do not omit, modify, or abbreviale ar nd provide lhe Individual Deblor information in ilem FIRST PERSONAL NAME	ny part of the Debtor's name), if any part of the Inc n 10 of the Financing Statement Addendum (Form ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE	SUFFIX
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5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Deceden't Personal Representative
6a. Check only if applicable and check only one box: Public-Finance TransactionManufactured-Home TransactionA Debtor is a Trasmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box:  Agricultural Lien  Non-UCC Filing
7. ALTERNATE DESIGNATION (if applicable); Lessee/Lessor Consignee/Consignor Seller/B	uyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5626569-44740 Loan #	SBA Loan#