## 201906240047

06/24/2019 08:52 AM Pages: 1 of 1 Fees: \$99.00

Skagit County Auditor, WA

人 人名英格兰英格兰			
The space of the second			
UCC FINANCING STATEMENT AME OLLOW INSTRUCTIONS	NDMENT		
A 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)	327-9634		
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Spokane Valley, WA 99216	Ste 100		
		THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	,	This FINANCING STATEMENT AMENDMENT is to be (or recorded) in the REAL ESTATE RECORDS	liled (for record)
201803190040 Filed 3/19/201 2. TERMINATION: Effectiveness of the Financing Statem		Filer attach Amendment Addendum (Form UCC3Ad) and provided to the security interest(s) of Secured Party authorizing to	
Statement.			
<ol> <li>ASSIGNMENT (full or partial). Provide name of assign For partial assignment, complete items 7 and 9 and also</li> </ol>		in item 7c, <u>and</u> name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable		urity interest(s) of Secured Party authorizing this Continu	ation Statement is
PARTY INFORMATION CHANGE:			
Check one of these two boxes:	AND check one of these three boxes to:	ADD name: Complete item	name: Give record nam
This Change affects Debtor or Secured Party of reco	CHANGE name and/or address: Co and item 6a or 6b; and item 7a or 7b and		eled in item 6a or 6b
<ol> <li>CURRENT RECORD INFORMATION: Complete for Page 6a. ORGANIZATION'S NAME</li> </ol>	arly Information Change - provide only one na	me (6a or 6b)	
;			
GREEN	FIRST PERSONAL NAME HOLLY	ME ADDITIONAL NAME(SYINITIA B	L(S) SUFFIX
CHANGED OR ADDED INFORMATION Complete for Ass 7a. ORGANIZATION'S NAME	signment or Party Information Change - provide only or	e name (7a or 7b) (use exact full name; do not omit, modify, or abbrev	iale any part of the Deblor's n
R 7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
'c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these for	our boxes: ADD collateral DEL	ETE collateral RESTATE covered Collateral	ASSIGN collateral.
Indicate collateral:			
NAME OF SECURED PARTY OF RECORD AL If this is an Amendment authorized by a DEBTOR check I 9a, ORGANIZATION'S NAME	here and provide name of authorizing Deb		is an Assignment)
Puget Sound Cooperative Cre	EDIT UNION INDIVIDUAL'S FIRST N	AME ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
	33517756716-5-1 1101-11		
o. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5708540-45250	Loan #	SBA Loan #	
Chronos Tracking #3708540-45250	LOAN#	SDA LUan #	