201911190019

11/19/2019 10:18 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDME FOLLOW INSTRUCTIONS	NT			
A. NAME & PHONE OF CONTACT AT FILER [optional]	004	7		
Diana Norberg (509) 327-9 B E-MAIL CONTACT AT FILER (optional)	634			
Diana.Norberg@covius.c				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Characa Martinana Salutiana	\neg			
¹ Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 10	^			
Spokane Valley, WA 99216	o .			
Spokane valley, VVA 99210	1			
			SPACE IS FOR FILING OFFICE	
18 INITIAL FINANCING STATEMENT FILE NUMBER 201510200013 Filed 10/20/2015		(or recorded: in t	STATEMENT AMENDMENT is to be fi he REAL ESTATE RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated w		ment Addendum (Form UCC3Ad) _ and provide erest(s) of Secured Party authorizing the	
Statement				
 ASSIGNMENT (full or partial): Provide name of assignee in item 7s For partial assignment, complete items 7 and 9 and also indicate affecting the partial assignment. 			ame of Assignor in item 9	
CONTINUATION. Effectiveness of the Financing Statement identificant continued for the additional period provided by applicable law.	ied above with respect	to the security interest(s) of	Secured Party authorizing this Continue	ation Statement is
5. PARTY INFORMATION CHANGE:				
	ock <u>one</u> of these three		DD came: Complete item	aama: Giua saaasd aama
	IANGE name and/or ac m 6a or 6b; and item 7			name: Give record name eted in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information. ORGANIZATION'S NAME 	ion Change - provide o	nly <u>one</u> name (6a or 6b)		
OR				
66. INDIVIDUAL'S SURNAME KAHOLOKULA	ROSEI		ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment of Par			exact full name; do not omit, modify, or abbrevi	ate any part of the Debtor's nam
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
NACH (IOAAA) (C. ADOITIONIA), AIAAAT (C. (BAITIA) (C.				OUPEN.
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes	ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral
Indicate collateral;				
9 NAME OF SECURED PARTY OF RECORD AUTHORIZIN	IG THIS AMENDME	NT Provide only one name	ne (9a or 9b) (name of Assignor, if this i	s an Assignment:
If this is an Amendment authorized by a DEBTOR check here and 9a. ORGANIZATION'S NAME				
Puget Sound Cooperative Credit Un	ion			
OR 96 INDIVIDUAL'S SURNAME		FIRST NAME	ADDITIONAL NAME(S:/INITIAL	L(St SUFF:X
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #5987249-47050 L	oan#		SBA Loan #	
The state of the s	eet n		JOH LOUIT	