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12/23/2019 08:35 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

| CC FINANCING STATEMENT AMENDME | NT | | |
|--|---|---|--|
| DLLOW INSTRUCTIONS | | | |
| NAME & PHONE OF CONTACT AT FILER (optional) I en Ely (509) 327-96 | 634 | | |
| E-MAIL CONTACT AT FILER (optional) | | | |
| len.Ely@covius.com | | | |
| SEND ACKNOWLEDGMENT TO (Name and Address) | <u> </u> | | |
| Chronos Mortgage Solutions | l | | |
| 12410 E. Mirabeau Parkway, Ste 100 | o | | |
| Spokane Valley, WA 99216 | | | |
| | 11 . | IE ABOVE PRACE IS EOR EII MIG OFFIC | SELIGE ONLY |
| INITIAL FINANCING STATEMENT FILE NUMBER | | IE ABOVE SPACE IS FOR FILING OFFIC FINANCING STATEMENT AMENDMENT IS 10 DO | |
| 01607010108 filed 7/1/2016 | (or re | corded) in the REAL ESTATE RECORDS | |
| TERMINATION: Effectiveness of the Financing Statement identified | | | |
| ASSIGNMENT (full or partial) Provide name of assignee in item 7a | or 7h, and address of Assissas in Hea | . To and name of Assigner in item 0 | |
| For partial assignment, complete items 7 and 9 and also indicate affect | | r /c, <u>giro</u> name oi xisagnor en llein s | |
| CONTINUATION Effectiveness of the Financing Statement identificational for the additional period provided by applicable law. | ed above with respect to the security in | lerest(s) of Secured Party authorizing this Conlin | uation Statement is |
| PARTY INFORMATION CHANGE: | | | |
| | ck one of these three boxes to: | | |
| | ANGE name and/or address: Complete n 6s or 6b; and item 7s or 7b and item | | FE name: Give record n leleted in item 6e or 6b |
| CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME | on Change - provide only <u>one</u> name (6a | | THE RESERVE OF THE PROPERTY OF |
| 60. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | or 6b) ADDITIONAL NAME(SYINIT | |
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