## 202004220014

04/22/2020 08:41 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

AMENDAE	MT			
CC FINANCING STATEMENT AMENDME	N I			
NAME & PHONE OF CONTACT AT FILER [optional] JOY Wirsch (509) 327-9	634			
E-MAIL CONTACT AT FILER (optional)  OY.WIRSCH@COVIUS.COM	İ			
SEND ACKNOWLEDGMENT TO: (Name and Address;				
Observe Mertage Solutions	$\neg$			
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 10	10			
Spokane Valley, WA 99216	, •			
l	1 }	THE ABOV	E SPACE IS FOR FILING OFFICE	USE ONLY
INITIAL FINANCING STATEMENT FILE NUMBER		16 This FINANCIN	G STATEMENT AMENDMENT is to be fi	
201904030010 Filed 04/03/2019		(or recorded) in Filer: attach Amer	the REAL ESTATE RECORDS  described the second of the secon	Debtor's name in item 13
TERMINATION: Effectiveness of the Financing Statement Identifie	tliw belanimel si evods be	respect to the security in	terest(s) of Secured Party authorizing th	is Termination
Statement.  ASSIGNMENT (full or partial): Provide name of assignee in item 7  For partial assignment complete items 7 and 9 and a so indicate affi	'a or 7b, <u>and</u> address of A acted co <sup>®</sup> ateral in item 8	ssignee in item 7c, <u>and</u>	name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement ident		the security interest(s) o	f Secured Party authorizing this Continue	ation Statement is
continued for the additional period provided by applicable law.  PARTY INFORMATION CHANGE				
Check one of these two boxes:	neck <u>one</u> of these three be		ADD name: Complete item DELETE	name: Give record nam
	CHANGE name and/or add tem 6a or 6b; <u>and litem 7a</u>			eted in item 6a or 6b
B. CURRENT RECORD INFORMATION: Complete for Party Information of the C	at on Change   provide on	y <u>one</u> name (6a or 6b)		
OR 60. IND:VIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
WILKS 7 CHANGED OR ADDED INFORMATION Complete for Ausgnment or P	Hayley	to only assessme (2a or 7h) (a	ne evert full name: do not omit, modify, or abbrov	iste any eart of the Debtor's n
7 CHANGED OR ADDED INFORMATION Complete to resignment or 78. ORGANIZATION'S NAME	Sit incuments curing a brown			
R 75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			***************************************	
INDIVIDUAL'S ADDITIONAL NAME;S;/INITIAL(S				SUFFIX
RADIVIDORE S ADDITIONAL VOILLE, April 10 10 10 10				.,,
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rc. Marling address	CITY		STATE POSTAL CODE	COUNTRY
		DELETE collateral	RESTATE COVERED CONTRACTOR	
		DELETE collateral		USA
7c. MARING ADDRESS  B. COLLATERAL CHANGE: Also check gas of these four boxes: Indicate collateral:		DELETE collaboral		USA
B. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE collaboral		USA
B. COLLATERAL CHANGE: Also check one of these four boxes:		DELETE consideral		USA
8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	ADD cottateral		RESTATE covered Collateral	USA  ASSIGN colleteral
B. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORI If this is an Amendment authorized by a DEBTOR check here.	ADD collateral	NT: Provide only one	RESTATE covered Collateral	USA  ASSIGN colletera
B. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORIT this is an Amendment authorized by a DEBTOR check here.	ZING THIS AMENDME	NT: Provide only one	RESTATE covered Collateral	USA  ASSIGN colletera
B. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:  9. NAME OF SECURED PARTY OF RECORD AUTHORI If this is an Amendment authorized by a DEBTOR check here.	ZING THIS AMENDME and provide name of author	NT: Provide only one	RESTATE covered Collateral	USA  ASSIGN colletera
9. NAME OF SECURED PARTY OF RECORD AUTHORI If this is an Amendment authorized by a DEBTOR check here 99. ORGANIZATION'S NAME Puget Sound Cooperative Credit L	ZING THIS AMENDME and provide name of author	INT: Provide only <u>one</u> rizing Debtor	RESTATE covered Collateral	USA  ASSIGN colletera