202005040025

05/04/2020 09:27 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

		y ,			
IOC SINANGING OTATEMENT AMENIDMENT					
JCC FINANCING STATEMENT AMENDMENT					
OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (opt anal)					
Joy Wirsch (509) 327-9634	4 I				
B E-MAIL CONTACT A? FILER (optional)	·				
joy.wirsch@covius.com					
C. SEND ACKNOWLEDGMENT TO (Name and Address)					
	\neg I				
Chronos Mortgage Solutions	11				
12410 E. Mirabeau Parkway, Ste 100					
• •					
Spokane Valley, WA 99216	- 1				
		THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY	
1a INITIAL FINANCING STATEMENT FILE NUMBER			STATEMENT AMENDMENT is to be file	ed [for record]	
202001100006 FILED 01/10/2020		(or recorded) in t	he REAL ESTATE RECORDS meni Addendum (Form UCC3Ad) and provide	Debtor's name in item 13	
2. TERMINATION: Effectiveness of the Financing Statement identified above	e s terminated with				
Statement.					
3. ASSIGNMENT (full or partial): Provide name of assignee in item 7a p: 7b,	, <u>and</u> address of As	signee in item 7c. <u>and</u> ni	rme of Assignor in item 9		
For partial assignment, complete items 7 and 9 and also indicate affected ac	ollateral in item 8				
 CONTINUATION: Effectiveness of the Financing Statement identified ab- continued for the additional period provided by applicable law 	ove with respect to t	he security interest(s) of	Secured Party authorizing this Continuat	ion Statement is	
_			 		
5. PARTY INFORMATION CHANGE					
	of these three box E name and/or addre		DD name: Complete item DELETE r	name Give record nam	
This Change affects Debtor or Secured Party of record item 6a o	or 6b; <u>and</u> item 7a o	7b and item 7c 7		led in item 6a or 6b	
6. CURRENT RECORD INFORMATION. Complete fo: Party Information Ch	nange - provide only	one name (6a or 6b)			
6a. ORGANIZATION'S NAME					
OR					
66. INDIVIDUAL'S SURNAME LEWIS	FIRST PERSONA STACY	NL NAME	ADDITIONAL NAME(S)/INITIAL	IS) SUFFIX	
				Dibini	
 CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Complete for Assignment On Complete for On Complete for Assignment On Complete for On Co	mauon Change - provide	ounh. Ous wanne (v.s. or. v.n.) (n.z.	rexact van name; oo not orre, moony, or acorevia	ne any partorme Decembers i	
OR 7b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX	
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY	
		100.000	[]	USA	
8. COLLATERAL CHANGE: Also check one of these four boxes: ADI	D collateral {	DELETE colleteral	RESTATE covered Collaieral	ASSIGN collateral	
Indicate collateral:					
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	HIS AMENDMENT	Provide anhi ana sas	ne (Se or Sh) (neme of freezens if this is	an Assument	
If this is an Amendment authorized by a DEBTOR check here, and provide			no (va or so) (name or resignor in 493 is		
9a. ORGANIZATION'S NAME		-			
Puget Sound Cooperative Credit Union	1				
DR 96. INDIVIDUAL'S SURNAME	INDIVIDUAL'S F	RST NAME	ADDITIONAL NAME(S)/INITIAL	(SI SUFFIX	
10. OPTIONAL FILER REFERENCE DATA					
Chronos Tracking #6451428-49770 Loan	ı #		SBA Loan #		

FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 04/20/11)