## 202005040085

05/04/2020 11:50 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

JCC FINANCING STATEMENT AMENDME	ENT			
OLLOW INSTRUCTIONS	-141	_		
NAME & PHONE OF CONTACT AT FILER (options)  Joy Wirsch (509) 327-9	9634	]		
E-MAIL CONTACT AT FILER (optional)  OY.WIRSCH@COVIUS.COM  SEND ACKNOWLEDGMENT TO (Name and Address)				
SEND ACKNOWLEDGMENT TO (Name and Address)	7			
Chronos Mortgage Solutions	1			
12410 E. Mirabeau Parkway, Ste 10	00			
Spokane Valley, WA 99216	1			
	<u> </u>		BOVE SPACE IS FOR FILING OFFICE	
INITIAL FINANCING STATEMENT FILE NUMBER 201808200109 FILED 08/20/2018		(or recorder	ICING STATEMENT AMENDMENT IS to be d) in the REAL ESTATE RECORDS	•
TERMINATION: Effectiveness of the Financing Statement identifie	ed above is terminated wi		Amendment Addendum (Form UCC3Ad)end provi rity :nterest(s) of Secured Party authorizing (	
Statement.				
ASSIGNMENT (full or partia): Provide name of assignee in item 7 For partial assignment, complete items 7 and 9 and also indicate affect.		Assignee in item 7c, <u>a</u>	neme of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identicontinued for the additional period provided by applicable law.	lified above with respect t	o the security interest(	(s) of Secured Party authorizing this Continu	ustion Statement is
PARTY INFORMATION CHANGE.				
_	neck <u>one</u> of these three t	oxes to:		
	CHANGE name and/or ad tem 6a or 6b; <u>and</u> item 7a			E name Give record na eled in item 6a or 6b
GO ORGANIZATION'S NAME  GO, INDIVIDUAL'S SURNAME	FIRST PERSO		ADDITIONAL NAME(S)/IN:TI	AL(S; SUFFIX
LEWIS	STACY		<u> </u>	
CHANGED OR ADDED INFORMATION Complete for Assignment or Pa 76. ORGANIZATION'S NAME	ary Mormason Change - prov	me only <u>one</u> name (/a or /	(B) (USA exact IUM name; do not omal, modely, or abbre-	viste any part of the Deblor's
R 7b. INDIVIDUAL'S SURNAME	enne estad ne ne ne ne ne n. E. Equal ne ne benne va beloe a va n	The second secon	ANN THE SECTION CONTRACTOR SECTION SEC	
INDIVIDUAL'S FIRST PERSONAL NAME			···· /·····	
INDMIDUAL'S ADDITIONAL NAME(S)INITIAL(S				SUFFIX
c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY USA
COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral.	ADD colleteral	DELETE collater	RESTATE covered Collateral	ASSIGN collatera
RINCAR CONSTRUCTOR				
NAME OF SECURED PARTY OF RECORD AUTHORIZE If this is an Amendment authorized by a DEBTOR check here an			name (9a or 9b) (name of Assignor, if this	is an Assignment)
9a. ORGANIZATION'S NAME	ia provide name of author	ana Aran'i Paranta ao amin'ny		
		www.		
Puget Sound Cooperative Credit Ur			ADDITIONAL NAME(S)/INITI	AL(S; SUFFIX
Puget Sound Cooperative Credit Ut  b individual's surname  o optional filer reference data	nion		ADDITIONAL NAME(S)/INITIA	AL(Š) SUFFIX