## 202006050029

06/05/2020 10:04 AM Pages: 1 of 1 Fees: \$103.50 Skagit County Auditor, WA

CC FINANCING STATEMENT			
LLOW INSTRUCTIONS  NAME & PHONE OF CONTACT AT FILER (optional)			
oy Wirsch (509) 327-	-9634		
E-MAIL CONTACT AT FILER (optional)			
oy.wirsch@covius.com	Į.		
SEND ACKNOWLEDGMENT TO (Name and Address)			
[a	<b>¬</b>		
Chronos Mortgage Solutions			
12410 E. Mirabeau Parkway, Ste	100		
Spokane Valley, WA 99216	.		
	THE ABOV	E SPACE IS FOR FILING OFFICE USE O	MI V
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DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use en name will not fit in line 1b. leave as of stem 1 blank, check herea			
1a ORGANIZATION'S NAME		•	,
III. CITGARIZATION STRAIL			
16. NOIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(\$)/INITIAL(\$)	SUFFIX
1D. NUIVIUUAL'S SUKNAME		•	
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	MELVYN	STATE POSTAL CODE	COUNTRY
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CRITCHLEY  MAILING ADDRESS  4958 Valley View Dr  DEBTOR'S NAME: Provide only one Debtor name (28 or 2b) (use e)	MELVYN CITY Mount Vernon Kact full name; do not omit, modify, or abbreviate an	STATE POSTAL CODE WA 98273- y part of the Debtor's name); if any part of the India	USA ividual Debtor
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Check only if applicable and check only one box Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Deceden't Personal Representative
6a. Check only if applicable and check only one box Public-Finance Transaction Manufactured Home Transaction A Debtor is a Transacting Utility	6b. Check only if applicable and check only one box.  Agricultural Lien Non-UCC Filing
7 ALTERNATE DESIGNATION (if app cable) Lessee/Lessor Consignee/Consignor Setter/8	Buyer Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DAYA Chronos Tracking #6549545-50113 Loan #	SBA Loan #

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