## 202007240078

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Skagit County Auditor, WA

ICC FINANCING STATEMENT AMEND	MENT		
NAME & PHONE OF CONTACT AT FILER [optional]  Joy Wirsch (509) 32	7-9634		
E-MAIL CONTACT AT FILER (optional)  Oy.wirsch@covius.com			
SEND ACKNOWLEDGMENT TO. (Name and Address)	<b></b>		
Chronos Mortgage Solutions	I I		
12410 E. Mirabeau Parkway, Ste	100		
Spokane Valley, WA 99216	4		
		HE ABOVE SPACE IS FOR FILING OFFICE US	
a initial financing statement file number 201911140130 FILED 11/04/2019	- (or m	FINANCING STATEMENT AMENDMENT is to be filled corded) in the REAL ESTATE RECORDS whath Amendment Addendom (Form UCC3Ad)and.provide De-	
TERMINATION: Effectiveness of the Financing Statement id			
Statement.  ASSIGNMENT (full or pertial): Provide name of assignee in For partial assignment, complete items 7 and 9 and also indica		n 7c. and name of Assignor in Item 9	-
. CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.		sterest(s) of Secured Party authorizing this Continuation	Statement is
PARTY INFORMATION CHANGE:		<u></u>	
Check one of these two boxes.	ND check one of these three boxes to: CHANGE name and/or address Complet	e ADD name: Complete item DELETE nam	ne: Give record na
This Change affects Debtor or Secured Party of record	item 6a or 6b; and item 7a or 7b and item	n 7c 7a or 7b, and item 7c to be deleted	in item 6a or 6b
<ol> <li>CURRENT RECORD INFORMATION: Complete for Perty In 6a. ORGANIZATION'S NAME</li> </ol>	nformation Change - provide only <u>one</u> name (6)	a or 6b)	
OR 65. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	) SUFFIX
Butler	Scott	R	
7. CHANGED OR ADDED INFORMATION Complete for Assignme 78 ORGANIZATION'S NAME	ent or Party Information Change - provide only one name	(7a or 7e) (use exact full name; do not omit modify, or abbreviate a	my part of the Debtor's
76 INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
7c MAILING ADDRESS	сіту	STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four bo	oxes ADD collateral DELETE	collateralRESTATE covered Collateral	ASSIGN collater
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AUTH	ORIZING THIS AMENDMENT: Provide	only one name (9a or 9b) (name of Assignor, if this is a	n Assignment)
If this is an Amendment authorized by a DEBTOR check here			
98 ORGANIZATION'S NAME Puget Sound Cooperative Credi	t Union		
OR 96 INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			1