## 202008070018

08/07/2020 08:35 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDA	RENT		
FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER [optional]			
Joy Wirsch (509) 327	-9634		
8. E-MAIL CONTACT AT FILER (optional); joy.wirsch@covius.com			
C SEND ACKNOWLEDGMENT TO (Name and Address)			
	71		
Chronos Mortgage Solutions	'		
12410 E. Mirabeau Parkway, Ste	100		
Spokane Valley, WA 99216	1		
		E ABOVE SPACE IS FOR FILING OFFICE U	
16 INITIAL FINANCING STATEMENT FILE NUMBER 202006050029 FILED 06/05/2020	(Or te	INANCING STATEMENT AMENDMENT is to be filed corded) in the REAL ESTATE RECORDS	
2. TERMINATION Effect veness of the Financing Statement iden		tech. Amendment Addendum (Form UCC3Ad) and provide Dissecurity interest(s) of Secured Party authorizing this	
Statement.			
ASSIGNMENT (full or partia:) Provide name of assignee in ite     For partial assignment, complete items 7 and 9 and, also indicate		7c, and name of Assignor in item 9	
CONTINUATION Effectiveness of the Financing Statement of continued for the additional period provided by app icable law		erest(s) of Secured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes.	Check one of these three boxes to:		6:
This Change affects Debtor or Secured Party of record	cHANGE name and/or address: Complete stem 6a or 6b; and item 7a or 7b and item		ime: Give record name ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Info 6a ORGANIZATION'S NAME	rmation Change - provide only <u>one</u> name (6a	or 6b)	
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(	S) <b>SUFFIX</b>
Critchley	Melvyn		
7 CHANGED OR ADDED INFORMATION Complete for Assignment 7a ORGANIZATION'S NAME	or Party Information Change - provide only gee name	7a or 7b) (use exact full name; do not omit, modify, or abbreviate	any part of the Debtor's na
OR 75 INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
7c MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
TO MARIENO ROSILES			USA
8COLLATERAL CHANGE. Also check one of these four boxe	as: ADD collateral DELETE o	Chateral RESTATE covered Collateral	ASSIGN collateral
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AUTHOR		nly one name (9a or 9b) (name of Assignor if this is	an Assignment¦
If this is an Amendment authorized by a DEBTOR check here. 98 ORGANIZATION'S NAME	and provide name of authorizing Debtor		
<b>Puget Sound Cooperative Credit</b>	Union		
OR 96 INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(	SI SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #6749429-51288	Loan #	SBA Loan #	