## 202008140029

08/14/2020 08:59 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 SEND ACKNOWLEDGMENT TO:  Name and Address)  Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216				
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name will not fit in line 1b. leave a sof item 1 blank, check here and provide the tr 1a. ORGANIZATION'S NAME	idividual Debtor information in nem 10 of the Pil	nencing S	latemeni Addendum (Form C	CC1AG)
15 115 1 1 1 1 1		ADDITION M	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS CIT			POSTAL CODE	COUNTR
617 Portage Ln A	nacortes	WA	98221-	US
			VAL NAME(S)/INITIAL(\$)	SUFFIX
MAILING ADDRESS CIT	Υ	STATE	POSTAL CODE	COUNTR
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR SEC 38. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union 36. INDIVIDUAL'S SURNAME			3a or 3b; nal name;s)/nitial;s)	SUFFIX
				••••
MAILING ADDRESS 00 108th Ave NE Suite #1035			98004	COUNTR
COLLATERAL: This financing statement covers the following collatera	ellevde	***	30004	USA

5. Check only if applicable and sheck only one box C	Maleral is held in a Trust (see LCC1Ad, ilem 17	and Instructions)	being administered by a Dec	eden't Personal Representative
6a Check only if applicable and check only one box:	0.000		6b Check only if applicable a	
Public-Finance TransactionManufa	ctured-Home TransactionA Debtor is a Tras	mitting Utility	Agricultural Lien	Non-UCC Filing
7 ALTERNATE DESIGNATION (if applicable)	Lessee/Lessor Consignee/Consignor	Salle:/Bu	yer Bailee/Bailor	Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA				
Chronos Tracking #6773758-51424	Loan #		SBA Loan #	

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