08/28/2020 10:26 AM Pages: 1 of 1 Fees: \$103.50 Skagit County Auditor, WA

O INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL;S ILING ADDRESS COLLATERAL CHANGE Also check one of these four becale collateral: ME OF SECURED PARTY OF RECORD AUTHORS and Amendment authorized by a DEBTOR check here to ORGANIZATION'S NAME Puget Sound Cooperative Credital Individual's SURNAME	IORIZING THIS AMENDA and provide name of aut it Union		STATE POSTAL CODE RESTATE covered Collateral ne (9a or 9b) (name of Assignor, il the	
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		ovide only one name (7a or 7b) (use	exact full name; do not omit, modify, or abbre-	viste any part of the Debtor's
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RRENT RECORD INFORMATION. Complete for Party (ORGANIZATION'S NAME	Information Change - provide	only <u>one</u> name (6a or 6b)		
Change affects Debtor or Secured Perty of record	CHANGE name and/or item 6a or 6b. and item	address Complete A 7a or 7b and item 7c 7		E name Give record na reted in item 6a or 6b
PARTY INFORMATION CHANGE	AND check one of these three	e boxes to:		
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FINANCING STATEMENT AMEND	MENT			
	VINSTRUCTIONS 2 PHONE OF CONTACT AT FILER (optional) WIRSCH (509) 32 IL CONTACT AT FILER (optional) WIRSCH@COVIUS.COM ACKNOWLEDGMENT TO (Name and Address) PARTON MORTGAGE Solutions 2410 E. Mirabeau Parkway, Stepokane Valley, WA 99216 AL FINANCING STATEMENT FILE NUMBER 811140043 FILED 11/1 ERMINATION: Effectiveness of the Financing Statement (attement) SSIGNIMENT (full or partiel). Provide name of assignee in or partial assignment, complete items 7 and 9 and also undicontrol of the additional period provided by applicable law ARTY INFORMATION CHANGE IN ONE of these two boxes Change affects Debtor or Secured Party of record (IRENT RECORD INFORMATION). Complete for Party ORGANIZATION'S NAME USTEP INDIVIDUAL'S SURNAME USTEP INGED OR ADDED INFORMATION Complete for Assignment (INGED OR ADDED INFORMATION).	E PHONE OF CONTACT AT FILER (optional) WIRSCh (509) 327-9634 IL CONTACT AT FILER (optional) WIRSCh@covius.com ACKNOWLEDGMENT TO (Name and Address) ATONOS MORTGAGE Solutions AL FINANCENG STATEMENT FILE NUMBER 811140043 FILED 11/14/2018 ERMINATION: Effectiveness of the Financing Statement dentified above is terminated attement SSIGNMENT (tult or partiel). Provide name of assignee in item 7a or 7b and address or partial assignment, complete items 7 and 9 and above undicate affected collateral in item ONTINUATION: Effectiveness of the Financing Statement identified above with respectational for the additional period provided by applicable law ARTY INFORMATION CHANGE INDIVIDUAL'S SURNAME INGED OR ADDED INFORMATION Complete for Assignment or Party information Change - provide	WINSTRUCTIONS SEPHONE OF CONTACT AT FILER (optional) WINSCh (509) 327-9634 IL CONTACT AT FILER (optional) WINSCH@COVIUS.COM ACKNOWLEDGMENT TO (Name and Address) PROPOSE ALL FINANCING STATEMENT FILE NUMBER 811140043 FILED 11/14/2018 BERMINATION: Effectiveness of the Financing Statement dentified above is terminated with respect to the security interesting of provide name of assignee in item 7a or 7b and address of Assignee in item 8 ONT (NUATION: Effectiveness of the Financing Statement identified above with respect to the security interesting of provide assignment, complete items 7 and 9 and above indicate affected collaboration item 8 ONT (NUATION: Effectiveness of the Financing Statement identified above with respect to the security interesting of an address of Assignee in item 7a or 7b and item 7a	VINSTRUCTIONS E PHONE OF CONTACT AT FILER (optional) Wirsch (509) 327-9634 LCONTACT AT FILER (optional) Wirsch@Covius.com ACKNOWLEDGMENT TO (Name and Address) ATTONOS Mortgage Solutions A 10 E. Mirabeau Parkway, Ste 100 Dokane Valley, WA 99216 THE ABOVE SPACE IS FOR FILING OFFICE AL FINANCING STATEMENT FILE NUMBER 811140043 FILED 11/14/2018 THE ABOVE SPACE IS FOR FILING OFFICE AL FINANCING STATEMENT AMPLIANCENT STATEMENT AMPLIANCE