202009110030

09/11/2020 09:09 AM Pages: 1 of 1 Fees: \$103.50 Skagit County Auditor. WA

<u>, </u>		Skagit County Additor, W	_
<u> </u>			
A STATE OF THE STA	AFAIT		
CC FINANCING STATEMENT AMENDI	NENI		
OLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)			
Joy Wirsch (509) 327	'-9634		
E-MAIL CONTACT AT FILER (optional)			
joy.wirsch@covius.com			
SEND ACKNOWLEDGMENT TO (Name and Address)			
	\neg I		
Chronos Mortgage Solutions	'		
12410 E. Mirabeau Parkway, Ste	100		
Spokane Valley, WA 99216			
1	11		
		THE ABOVE SPACE IS FOR FILI	
a INITIAL FINANCING STATEMENT FILE NUMBER	ســــن	This FINANCING STATEMENT AMENDME (or recorded) in the REAL ESTATE RECORD	
202003050008 FILED 03/05/2020		Filer attach Amendment Addendum (Form UCC34	Ad) and provide Deblor's name in item 13
TERMINATION: Effectiveness of the Financing Statement ider Statement	ntified above is terminated with respect t	o the security interest(s) of Secured Party	authorizing this Termination
	To se The send address of Assessment	ites 7e and some of Assissantia day 0	
B. ASSIGNMENT (full or partial) Provide name of assignee in ite For partial assignment, complete items 7 and 9 and also indicate		ittem 7c, and name of Assignor in item 9	
E. CONTINUATION: Effectiveness of the Financing Statement of continued for the additional period provided by applicable law	dentified above with respect to the secur	ity interest(s) of Secured Party authorizing	this Continuation Statement is
, PARTY INFORMATION CHANGE:			
_	Dcheck one of these three boxes to		
_	CHANGE name and/or address: Con		
This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Info	item 6a or 6b; and item 7a or 7b and		to be deleted in item 6a or 6b
6a ORGANIZATION'S NAME	Autration Cutatibe - brovide only <u>offe</u> Usur	s (oa ur ob)	
OR 65 INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	ADDITIONAL NA	ME(S)/INITIAL(S) SUFFIX
Cooper	Mary		
7. CHANGED OR ADDED INFORMATION Complete for Assignment	or Party Information Change - provide only one	name (7a or 7b) (use exact full name: do not omit, m	nodify, or abbreviate any part of the Debtor's n
7a ORGANIZATION'S NAME			
DR			
76 INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
7c MAILING ADDRESS	CITY	STATE POSTA	
	——————————————————————————————————————		USA
B. COLLATERAL CHANGE: Also check one of these four box	esADD collateralDELE	TE collateral RESTATE covered (CollateralA\$SIGN collateral
Indicate collateral			
			A
9. NAME OF SECURED PARTY OF RECORD AUTHO	RIZING THIS AMENDMENT: Prov	ide only <u>one</u> name (9a or 9b) (name of As	signor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR check here	and provide name of authorizing Debt	or	
9a ORGANIZATION'S NAME Pugget Sound Cooperative Credit	Union		
Puget Sound Cooperative Credit		NC ARRITMANA AND	MECCANITIA IO
96 INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NA	ME ADDITIONAL NA	AME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #6869543-51824	Loan #	SBA Loan #	
		OD/ LOGIT W	

FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 04/20/11)