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09/18/2020 08:33 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENIFOLLOW INSTRUCTIONS	DMENT			
A NAME & PHONE OF CONTACT AT FILER (optional) Joy Wirsch (509) 33	27-9634			
B E-MAIL CONTACT AT FILER (optional)				
joy.wirsch@covius.com				
C SEND ACKNOWLEDGMENT TO (Name and Address)	l			
Chronos Mortgage Solutions	1			
12410 E. Mirabeau Parkway, St	e 100			
Spokane Valley, WA 99216				
I I	1			
			SPACE IS FOR FILING OFFICE	
18. INITIAL FINANCING STATEMENT FILE NUMBER	•	(or recorded) in th	STATEMENT AMENDMENT is to be t e REAL ESTATE RECORDS	
201812140044 FILED 12/14/201 2 TERMINATION Effectiveness of the Financing Statement		***	rent Addendum (Form UCC3Ad) and providers rest(s) of Secured Party authorizing the	
Statement 3. ASSIGNMENT (full or partial). Provide name of assignee i		ssignee in item 7c, <u>and</u> na	me of Assignor in ilem 9	
For partial assignment, complete items 7 and 9 and also indi 4. CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable law	ent identified above with respect to	the security interest(s) of S	ecured Party authorizing this Conlinu	ation Statement is
5. PARTY INFORMATION CHANGE:			· · · · · · · · · · · · · · · · · · ·	
Check one of these two boxes.	AND check one of these three bo	xes to:		
This Change affects Debtor or Secured Party of record	CHANGE name and/or addr item 6a or 6b; and item 7a	ress. Complete AD		name Give record name leted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party 6a ORGANIZATION'S NAME				
OR 66 INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIA	AL(S) SUFFIX
Cooney	Daniel			
7. CHANGED OR ADDED INFORMATION Complete for Assignation 7a ORGANIZATION'S NAME	ment or Party Information Change - provide	e only one name (7a or 7b) (use	exact full name; do not omit, modify, or abbrev	viate any part of the Debtor's nam
OR 76 INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX
7c MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8COLLATERAL CHANGE: Also check one of these four	boxes ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral
Indicate collateral.				
NAME OF SECURED PARTY OF RECORD AUT If this is an Amendment authorized by a DEBTOR check here.			e (9a or 9b) (name of Assignor, if this	is an Assignment)
9a ORGANIZATION'S NAME				
Puget Sound Cooperative Cred			<u> </u>	
96 INDIVIDUAL'S SURNAME	INDIVIDUAL'S I	FIRST NAME	ADDITIONAL NAME(S)/INITH	AL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA	l accordi		SDA 1 #	
Chronos Tracking #6899593-51959	Loan #		SBA Loan #	