202009240033

09/24/2020 09:28 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT	
FOLLOW INSTRUCTIONS	
A NAME & PHONE OF CONTACT AT FILER (optional) Joy Wirsch (509) 327-9634	
B. E-MAIL CONTACT AT FILER (optional) joy.wirsch@covius.com	
C. SEND ACKNOWLEDGMENT TO (Name and Address)	
Chronos Mortgage Solutions	7
12410 E. Mirabeau Parkway, Ste 100	
Spokane Valley, WA 99216	
_	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
10 INITIAL FINANCING STATEMENT FILE NUMBER 201801080053 FILED 01/08/2018	This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminate	
Statement	
 ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, and addressing for partial assignment, complete items 7 and 9 and also indicate affected collateral in item. 	
 CONTINUATION: Effectiveness of the Financing Statement identified above with responding to the additional period provided by applicable law. 	spect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:	
Check one of these two boxes: AND check one of these the	hree boxes to /or address: Complete ADD name: Complete item DELETE name. Give record nam
68 ORGANIZATION'S NAME OR 66 INDIVIDUAL'S SURNAME VanWaveren Rona	ERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
	 provide only one name (7a or 7b) (use exact full name: do not omit, modify, or abbreviate any part of the Debtor's n
7a ORGANIZATION'S NAME	
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 USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETÉ collateral RESTATE covered Collateral ASSIGN collateral
Indicate collateral:	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEN If this is an Amendment authorized by a DEBTOR check here and provide name of a ORGANIZATION'S NAME 	
Puget Sound Cooperative Credit Union	
	NUAL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA	SDA Laza #
Chronos Tracking #6912316-52017 Loan #	SBA Loan #