## 202010060065

10/06/2020 09:40 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) 327-963	)4		
E-MAIL CONTACT AT FILER (optional)  DV.WIRSCh@covius.com			
SEND ACKNOWLEDGMENT TO: (Name and Address)	. I UM		
	$\neg$ I		
Chronos Mortgage Solutions	1		
12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216	. 1		
	THE ABOVE	E SPACE IS FOR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact full	<del></del>		
name will not fit in line 1b, leave all of item 1 blank, check hereand provi			
1a ORGANIZATION'S NAME			
15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)  Wayne	SUFFIX
Shook MAILING ADDRESS	Timothy	STATE POSTAL CODE	COUNTR
		WA 98257-	
003 Tillinghast Dr  DEBTOR'S NAME. Provide only one Debtor name (2s or 2b) (use exact full name will not fit in line 2b. leave all of item 2 blank, check here and provide ORGANIZATION'S NAME			ndıvıdusi Debto
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5 Check only if applicable and check only one box Co	ollateral is held in a Trust (see UCC1Ad, item	17 and Instructions)	peing administered by a Dece	eden't Personal Representative
6a Check only if applicable and check only one box Public-Finance Transaction Manufa	ctured-Home TransactionA Debtor is a Tr		Check <u>only</u> if applicable ar	nd check <u>only</u> one box
7 ALTERNATE DESIGNATION (if applicable)	Lessee/Lessor Consignee/Consigno	Seller/Buyer	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA Chronos Tracking #6962564-52241	Loan #	_	SBA Loan #	