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10/12/2020 11:20 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS	IT			
A NAME & PHONE OF CONTACT AT FILER (optional) Joy Wirsch (509) 327-96	34]		
B. E-MAIL CONTACT AT FILER (optional)				
joy.wirsch@covius.com c SEND ACKNOWLEDGMENT TO (Name and Address)				
	\neg			
Chronos Mortgage Solutions				
12410 E. Mirabeau Parkway, Ste 100				
Spokane Valley, WA 99216	1			
			SPACE IS FOR FILING OFFICE	
18 INITIAL FINANCING STATEMENT FILE NUMBER 201802150019 FILED 02/15/2018		(or recorded) in t	STATEMENT AMENDMENT IS to be to be REAL ESTATE RECORDS ment Addendum (Form UCC3Ad) and provice	
2. TERMINATION: Effectiveness of the Financing Statement identified a	above is terminated wi			
Statement ASSIGNMENT (full or partial) Provide name of assignee in item 7a or	or 7b. <u>and</u> address of	Assignee in item 7c, <u>and</u> no	ame of Assignor in item 9	
For partial assignment, complete items 7 and 9 and also indicate affects 4. CONTINUATION Effectiveness of the Financing Statement identifies		to the security interest(s) of	Secured Party authorizing this Continu	ation Statement is
continued for the additional period provided by applicable law. 5. PARTY INFORMATION CHANGE:				
	k <u>one</u> of these three I	boxes to		
CHA	ANGE name and/or ac 6a or 6b; <u>and</u> item 7	dress Complete A a or 7b and item 7c 7a		name Give record name leted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 68 ORGANIZATION'S NAME				
OR	FUNAT 0500	·····	ADDITIONAL NAME(S)/INITI/	AL(S) SUFFIX
Palmer	FIRST PERS	ONAL NAME	Applitois is to still journal	(0)
7 CHANGED OR ADDED INFORMATION Complete for Assignment or Party 7a ORGANIZATION'S NAME	r Information Change - pro	vide only <u>one</u> name (7a or 7b) (us	e exact full name; do not omit, modify, or abbre-	riale any part of the Debtor's nam
OR 76 INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAMÉ(S)/INITIAL(S		. , , , , , ,		SUFFIX
MPIADOUT & NEDITIONIE I AMERICANIA CATA				
7c MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral.	ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral
ingicate collateral.				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	IC TUIC ANSCHOLA	ENT: Braude selves ==	ime (Qa or Qh) (name of Assistant of the	themanas Assument
If this is an Amendment authorized by a DEBTOR check here and	provide name of auth	ousing Deptor	(see or su) (name of Assignot. If the	on the Coordinate of
99 ORGANIZATION'S NAME Puget Sound Cooperative Credit Un				
OR SO INDIVIDUAL'S SURNAME	INDIVIDUAL	· CEDET NAME		
		3 FINST NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #6976674-52274 L		STRST WARE	SBA Loan #	AL(S) SUFFIX