202010280132

10/28/2020 10:23 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS | Τ | _ | | |
|--|---|---|---|------------------------------------|
| A NAME & PHONE OF CONTACT AT FILER (optional) Joy Wirsch (509) 327-963 | 34 | - | | |
| B. E-MAIL CONTACT AT FILER (optional) joy.wirsch@covius.com | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | | · · · · · · · · · · · · · · · · · · · | | |
| Chronos Mortgage Solutions | _ |] [| | |
| 12410 E. Mirabeau Parkway, Ste 100 | | | | |
| Spokane Valley, WA 99216 | | | | |
| | | THE AROV | SPACE IS FOR FILING OFFICE | HSE ONLY |
| 1a INITIAL FINANCING STATEMENT FILE NUMBER | | 15 This FINANCING | STATEMENT AMENDMENT IS to be I | |
| 202005040082 FILED 05/04/2020 | | (or recorded) in (| ihe REAL ESTATE RECORDS Imeni Addendum (Form UCC3Ad) — and provid | le Deblor's name in item 13 |
| TERMINATION: Effectiveness of the Financing Statement identified ab Statement. | ove is terminated | with respect to the security in | lerest(s) of Secured Party authorizing the | his Termination . |
| ASSIGNMENT (full or partial). Provide name of assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected | | | ame of Assignor in Nem 9 | |
| CONTINUATION: Effectiveness of the Financing Statement Identified continued for the additional period provided by applicable law. | above with respec | ct to the security interest(s) of | Secured Party authorizing this Continu | ation Statement is |
| 5. PARTY INFORMATION CHANGE: | | | | |
| | one of these three | | DD name: Complete item DELETE | name: Give record name |
| | | | a or 7b, <u>and</u> item 7c to be de | leted in item 6a or 6b |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information 6a ORGANIZATION'S NAME | Change - provide | oray <u>one</u> name (oa or ob) | 1 may | |
| OR 66 INDIVIDUAL'S SURNAME | FIGURE OF DE | SONAL NAME | ADDITIONAL NAME(S)/INITIA | M(P) SHEETY |
| Borlin | Miche | | E | VL(S) SUFFIX |
| CHANGED OR ADDED INFORMATION Complete for Assignment or Party In 7a ORGANIZATION'S NAME | nformation Change - pr | rovide only <u>one</u> name (7a or 7b) (us | e exact full name; do not omit, modify, or abbrev | riate any part of the Debtor's nam |
| OR 7b. INDIVIDUAL'S SURNAME | | | | |
| INDMIDUAL'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 | DELETE collateral | RESTATE covered Collateral | ASSIGN collateral |
| Indicate collateral | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR check here and proceedings and proceedings. | THIS AMENDA ovide name of aut | MENT: Provide only <u>one</u> na horizin o Debtor | me (9a or 9b) (name of Assignor, if this | is an Assignment) |
| 93 ORGANIZATION'S NAME Puget Sound Cooperative Credit Unio | on | | | |
| OR 96 INDIVIDUAL'S SURNAME | | L'S FIRST NAME | ADDITIONAL NAME(S)/INITI | al(s) suffix |
| 10. OPTIONAL FILER REFERENCE DATA | on # | | SBA Loan# | |
| Chronos Tracking #7017696-52508 Los | an# | | ODA LOGIT # | |