202010280138

10/28/2020 10:42 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

HOS SINANGING STATEMENT, AMENDM	IENT			
UCC FINANCING STATEMENT AMENDM 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				
12410 E. Mirabeau Parkway, Ste 1	00	1		
Spokane Valley, WA 99216				
		THE ABOV	E SPACE IS FOR FILING OFFICE L	SE ONLY
1a INITIAL FINANCING STATEMENT FILE NUMBER			G STATEMENT AMENDMENT is to be file the REAL ESTATE RECORDS	d [for record]
201906190008 FILED 06/19/2019		Filer, attach Amen	dment Addendum (Form UCC3Ad) and provide I	
 TERMINATION: Effectiveness of the Financing Statement identification. 	ified above is terminated v	with respect to the security in	werest(s) of Secured Party authorizing this	Termination
ASSIGNMENT (full or partial): Provide name of assignee in iten For partial assignment, complete items 7 and 9 and also indicate assignment.			name of Assignor in Item 9	
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	entified above with respec	t to the security interest(s) or	Secured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes.	check one of these three		ADD name Complete item DELETE n	ame: Give record name
68. ORGANIZATION'S NAME OR 66. INDIVIDUAL'S SURNAME HOWEII	FIRST PERS Seth	ONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or	r Party Information Change - pro	ovide only one name (7a or 7b) (u	se exact full name; do not omit, modify, or abbreviate	e any part of the Debtor's nam
7a. ORGANIZATION'S NAME				
OR 75 INDIVIDUAL'S SURNAME			. ,	
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
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 AUTHOR If this is an Amendment authorized by a DEBTOR check here.			ame (9a or 9b) (name of Assignor, if this is	an Assignment)
9a ORGANIZATION'S NAME				
Puget Sound Cooperative Credit User Sp. INDIVIDUAL'S SURNAME		'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA	Loan #		SBA Loan #	
Chronos Tracking #7031042-52552	Loan#		ODA LUBII #	