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11/13/2020 09:52 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

DILLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) JOY WIRSCH (509) 327-9634 E-MAIL CONTACT AT FILER (optional) OY. WIRSCH@COVIUS.COM SEND ACKNOWLEDGMENT TO (Name and Address) Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216 A. INITIAL FINANCING STATEMENT FILE NUMBER	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
e-MAIL CONTACT AT FILER (optional) Oy.wirsch@covius.com SEND ACKNOWLEDGMENT TO. (Name and Address) Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216 Initial Financing Statement file number	THE ABOVE SPACE IS FOR FILING DEFICE 1195 OMI V
NAME & PHONE OF CONTACT AT FILER (optional) LOY WIRSCH E-MAIL CONTACT AT FILER (optional) DY. WIRSCH (COVIUS.COM SEND ACKNOWLEDGMENT TO (Name and Address) Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216 L. INITIAL FINANCING STATEMENT FILE NUMBER 1b.	THE ABOVE SPACE IS FOR FILING DEFICE 1195 OMI V
NAME & PHONE OF CONTACT AT FILER (optional) OY WIRSCH E-MAIL CONTACT AT FILER (optional) OY. WIRSCH@COVIUS.COM SEND ACKNOWLEDGMENT TO. (Name and Address) Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216 INITIAL FINANCING STATEMENT FILE NUMBER	THE ABOVE SPACE IS FOR FILING OFFICE INSEOM! Y
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NAME & PHONE OF CONTACT AT FILER (optional) OY Wirsch (509) 327-9634 E-MAIL CONTACT AT FILER (optional) OY. Wirsch@Covius.com SEND ACKNOWLEDGMENT TO (Name and Address) Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216 INITIAL FINANCING STATEMENT FILE NUMBER	THE AROVE SPACE IS FOR FILING OFFICE INSEOM! Y
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04002240020 EU ED 02/24/2040	This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
201903210020 FILED 03/21/2019 Filec stact. Amendment Addendum (Form UCC3Ad) and provide Debtor's provide De	
ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, and address of Assign For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	nee in item 7c, and name of Assignor in item 9
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the continued for the additional period provided by applicable law.	security interest(s) of Secured Party authorizing this Continuation Statement is
PARTY INFORMATION CHANGE:	
Check <u>one</u> of these two boxes: AND check <u>one</u> of these three boxes	to
CHANGE name and/or address.	: Complete ADD name: Complete item DELETE name: Give record n
This Change affects Debtor or Secured Party of record idem 6a or 6b; and idem 7a or 7b CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one	
68. ORGANIZATION'S NAME	Pilano (or a ac)
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL	_
Arrington Michael	A
CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change - provide only	y one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor
7a ORGANIZATION'S NAME	
7b, INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY USA
COLLATERAL CHANGE: Also check one of these four boxes ADD collateral	DELETE collateral RESTATE covered Collateral ASSIGN collate
Indicate collateral:	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT	Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing	
If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing 9a ORGANIZATION'S NAME	
sa ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	Deblor
If this is an Amendment authorized by a DEBTOR check here and provide name of authorizing 9a ORGANIZATION'S NAME	Deblor
If this is an Amendment authorized by a DEBTOR check here. and provide name of authorizing sa ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	Deblor

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