202012040043

12/04/2020 08:35 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

AMENDMENT	,		
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS			
Joy Wirsch (509) 327-963	4		
B E-MAIL CONTACT AT FILER (optional)			
joy.wirsch@covius.com c send acknowledgment to (Name and Address)			
	¬		
Chronos Mortgage Solutions	'1		
12410 E. Mirabeau Parkway, Ste 100			
Spokane Valley, WA 99216			
	THE A	BOVE SPACE IS FOR FILING OFFICE U	ISE ONLY
18 INITIAL FINANCING STATEMENT FILE NUMBER	1b 🗹 This FINA	NCING STATEMENT AMENDMENT IS to be filed	d [for record]
201912050084 FILED 12/05/2019	Filer, attach	ed) in the REAL ESTATE RECORDS Amendment Addendum (Form UCC3Ad) and provide C	
2. TERMINATION: Effectiveness of the Financing Statement identified abo Statement.	we is terminated with respect to the secu	urity interest(s) of Secured Party authorizing this	Termination .
ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7 For partial assignment, complete items 7 and 9 and also indicate affected.		and name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	bove with respect to the security interes	st(s) of Secured Party authorizing this Continuation	on Statement is
5. PARTY INFORMATION CHANGE:			
	ne of these three boxes to	ADD annua Complete Very DELETE ou	Cour consed nome
	GE name and/or address Complete s or 6b; and item 7a or 7b and item 7c		ame: Give record name ed in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C Sa. ORGANIZATION'S NAME	Change - provide only <u>one</u> name (6a or 6	Sb)	
OR	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
66. INDIVIDUAL'S SURNAME Boyd	Sanford	D	II
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Info	ormation Change - provide only one name (7a o	r 7b) (use exact full name; do not omit, modify, or abbreviate	any part of the Debtor's nam
78 ORGANIZATION'S NAME			
OR 7b. 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:	DDD collateral DELETE collat	RESTATE covered Collateral	ASSIGN collateral
Indicate collateral			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT: Provide only	one name (9a or 9b) (name of Assignor, if this is	an Assignment)
If this is an Amendment authorized by a DEBTOR check here and pro	wide name of authorizing Debtor		
Puget Sound Cooperative Credit Unio	n		
OR SIL INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7170600-53132 Los		SBA Loan #	