202012040059

12/04/2020 09:25 AM Pages: 1 of 1 Fees: \$103.50 Skagit County Auditor, WA

| 8. COLLATERAL CHANGE: Also check one of these four boxes Indicate collateral 9. NAME of SECURED PARTY of RECORD AUTHORIZ 16 this is an Amendment authorized by a DEBTOR check here as 9a ORGANIZATION'S NAME Puget Sound Cooperative Credit UOR 9b. INDIVIDUAL'S SURNAME | ADD collateral ZING THIS AMENDMENT: and provide name of authorizing | g Debtor | RESTATE covered Collateral ne (9a or 9b) (name of Assignor, if the | |
|---|--|-------------------------------------|--|--|
| COLLATERAL CHANGE: Also check one of these four boxes. Indicate collateral | ADD collateral | | | ASSIGN collateral |
| 8COLLATERAL CHANGE Also check one of these four boxes. | | DELETE collateral | RESTATE covered Collateral | |
| 8COLLATERAL CHANGE Also check one of these four boxes. | | DELETE collateral | RESTATE covered Collateral | |
| 7c MAILING ADDRESS | | | | USA |
| | CITY | | STATE POSTAL CODE | COUNTRY |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S | | | | SUFFIX |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | |
| OR 75 INDIVIDUAL'S SURNAME | | | | |
| 7. CHANGED OR ADDED INFORMATION Complete for Assignment or F 7a ORGANIZATION'S NAME | Party Information Change - provide or | nly one name (7a or 7b) (use | exact full name; do not omit, modify, or abbre | viate any part of the Debtor's na |
| 66 INDIVIDUAL'S SURNAME BOYD | FIRST PERSONAL SANFOR | D | ADDITIONAL NAME(S)/INITI | 11 |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information | auon change - provide only <u>or</u> | 15 119111A (⊘9 OL PD) | | |
| This Change affects Debtor or Secured Party of record | CHANGE name and/or address item 6a or 6b, and item 7a or | 7b and item 7c 7a | | E name Give record name eleted in item 6a or 6b |
| Check one of these two boxes: | heck one of these three boxe | | | |
| continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE: | minor decid mini (4spect to the | | | |
| For partial assignment, complete items 7 and 9 and also indicate aff 4. CONTINUATION: Effectiveness of the Financing Statement iden | - | security interest(s) of S | ecured Party authorizing this Continu | ialion Statement is |
| Statement 3. ASSIGNMENT (full or partial) Provide name of assignee in item | 7a or 7b, and address of Assi | gnee in item 7c, <u>and</u> na | me of Assignor in item 9 | |
| 201706210020 FILED 06/21/2017 2. TERMINATION: Effectiveness of the Financing Statement identifie | ed above is terminated with re | | nent Addendum (Form UCC3Ad) and prov rest(s) of Secured Party authorizing (| |
| 13. INITIAL FINANCING STATEMENT FILE NUMBER | 11 | This FINANCING (or recorded) in the | STATEMENT AMENDMENT IS to be REAL ESTATE RECORDS | filed (for record) |
| | | THE ABOVE | SPACE IS FOR FILING OFFICE | E USE ONLY |
| 12410 E. Mirabeau Parkway, Ste 10 Spokane Valley, WA 99216 | J0 | | | |
| Chronos Mortgage Solutions | 1 | | | |
| C SEND ACKNOWLEDGMENT TO (Name and Address) | -1 | | | |
| joy.wirsch@covius.com | | | | |
| Joy Wirsch (509) 327-9 B E-MAIL CONTACT AT FILER (optional) | 9634 | | | |
| FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER [optional] | | | | |
| | ENT | | | |
| JCC FINANCING STATEMENT AMENDME | | | | |
| | | | | |
| | | | | |