202012040062

12/04/2020 09:28 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

LICC FINANCING STATEMENT AMEN	DMENT		
FOLLOW INSTRUCTIONS	DINIERI		
A. NAME & PHONE OF CONTACT AT FILER [optional]			
Joy Wirsch (509) 3	27-9634		
B. E-MAIL CONTACT AT FILER (optional)			
joy.wirsch@covius.com			
C. SEND ACKNOWLEDGMENT TO. (Name and Address)			
Tollow was Manager to the same			
Chronos Mortgage Solutions			
12410 E. Mirabeau Parkway, St	e 100		
Spokane Valley, WA 99216			
		THE ABOVE SPACE IS FOR FILING O	FFICE USE ONLY
18. INITIAL FINANCING STATEMENT FILE NUMBER		This FINANCING STATEMENT AMENDMENT	
201908050084 FILED 08/05/201		(or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad)	
2. TERMINATION: Effectiveness of the Financing Statement			
Statement			·
ASSIGNMENT (full or partial). Provide name of assignee For partial assignment, complete items 7 and 9 and also indi		be in item 7c, <u>and</u> name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable law		curity interest(s) of Secured Party authorizing this	Continuation Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes.	AND check one of these three boxes to		
	CHANGE name and/or address. 0	Complete ADD name: Complete item I	DELETE name: Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; and item 7a or 7b		o be deleted in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party 6a ORGANIZATION'S NAME 	trackulation Custada - bioxida omy öttö u	laine (os oi ob)	
:			
OR 66 INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	AME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
TROUTVINE	ANTHONY	J	
 CHANGED OR ADDED INFORMATION Complete for Assign 78 ORGANIZATION'S NAME 	ment or Party Information Change - provide only	one name (7a or 7b) (use exact full name; do not omit, modify,	or abbreviate any part of the Debtor's name
/8 ORGANIZATIONS NAME			
OR 76 INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
INDIVIDUALS ADDITIONAL NAME(S)INITIAL(S			SUFFIX
7c MAILING ADDRESS	CITY	STATE POSTAL CO	
			USA_
8. COLLATERAL CHANGE: Also check one of these four	boxes. ADD collateral DE	ELETE collateral RESTATE covered Collate	eralASSIGN collateral
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AUT	HORIZING THIS AMENDMENT: P	rovide only one name (9a or 9b) (name of Assigno	r, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR check her 9a, ORGANIZATION'S NAME	and provide name of authorizing D	ebtor	
Puget Sound Cooperative Cred			
	lit Union .		
OR 95 INDIVIDUAL'S SURNAME	IIT UNION . INDIVIDUAL'S FIRST	NAME ADDITIONAL NAME(S	S)/INITIAL(S) SUFFIX
		NAME ADDITIONAL NAME(S	S)/INITIAL(S) SUFFIX
		NAME ADDITIONAL NAME(S	S)/INITIAL(S) SUFFIX

FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 04/20/11)