202012040097

12/04/2020 11:02 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

	_			
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	-			
A NAME & PHONE OF CONTACT AT FILER (optional) Joy Wirsch (509) 327-963	4			
B E-MAIL CONTACT AT FILER (optional)				
joy.wirsch@covius.com c SEND ACKNOWLEDGMENT TO (Name and Address)				
Control of the same and realists)	-1			
Chronos Mortgage Solutions	'1			
12410 E. Mirabeau Parkway, Ste 100				
Spokane Valley, WA 99216	_			
		THE ABOVE S	SPACE IS FOR FILING OFFICE U	SE ONLY
18 INITIAL FINANCING STATEMENT FILE NUMBER	1b		TATEMENT AMENDMENT is to be filed	[for record]
202002250022 FILED 02/25/2020		Filer attach Amendmi	REAL ESTATE RECORDS and Addendum (Form UCC3Ad) and provide D	
 TERMINATION: Effectiveness of the Financing Statement identified abo Statement 	ove is terminated with res	spect to the security inter	est(s) of Secured Party authorizing this 1	Fermination .
 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. 		gnee in item 7c, <u>and</u> nan	e of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.		security interest(s) of Se	cured Party authorizing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:		-		
	ne of these three boxes			
	GE name and/or address or 6b; <u>and</u> item 7a or 7			me Give record name d in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information C 6a ORGANIZATION'S NAME	change - provide only on	e name (6a or 6b)		
OR 6b INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONAL NAME(SYINITIAL(S	SUFFIX
Christensen	David			,
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Info 7a. ORGANIZATION'S NAME	prmation Change - provide on	ly <u>one</u> name (7a or 7b) (use e	xact full name; do not omit, modify, or abbreviate	any part of the Debtor's nan
18. ORGANIZATIONS NAME				
OR 76 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.	DD collateral	DELETE colleteral	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 a	in Assignment)
If this is an Amendment authorized by a DEBTOR check here and pro-				
Puget Sound Cooperative Credit Unio				
	n			
OR 96 INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIR	ST NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
		ST NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
OR 96 INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIR	ST NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX