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Skagit County Auditor, WA

CC FINANCING STATEMENT AMENDA	MENT		
NAME & PHONE OF CONTACT AT FILER (optional) JOY Wirsch (509) 327 E-MAIL CONTACT AT FILER (optional) OY.WIFSCh@COVIUS.COM SEND ACKNOWLEDGMENT TO: (Name and Address)	7-9634		
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste Spokane Valley, WA 99216	100		
Spokane valley, VVA 99210	ıl	THE ABOVE SPACE IS FOR FILING OFFICE US	E ONLY
initial financing statement file number 201804270063 FILED 04/27/2018		This FINANCING STATEMENT AMENDMENT is to be filed [for recorded] in the REAL ESTATE RECORDS Fiter stack Amendment Addandum from UCC3Ad) and provide Deb	for record) tor's name in item 13
TERMINATION: Effectiveness of the Financing Statement iden Statement	ntified above is terminated with respect	to the security interest(s) of Secured Party authorizing this Te	rmination
ASSIGNMENT (full or partial): Provide name of assignee in ite For partial assignment, complete items 7 and 9 and also indicate		in item 7c, <u>and</u> name of Assignor in item 9	
. CONTINUATION: Effectiveness of the Financing Statement in continued for the additional period provided by applicable law.	dentified above with respect to the sec	urity interest(s) of Secured Party authorizing this Continuation	Statement is
PARTY INFORMATION CHANGE:		•	
Check one of these two boxes	D check one of these three boxes to: CHANGE name and/or address: Co	mplete ADD name: Complete item DELETE nam	e: Give record nan
CURRENT RECORD INFORMATION: Complete for Party Info 6a. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S SURNAME Steiner	ormation Change - provide only <u>one</u> na FIRST PERSONAL NAI Patricia		SUFFIX
CHANGED OR ADDED INFORMATION Complete for Assignment			ry part of the Debtor's r
7a ORGANIZATION'S NAME			
R 76. INDIVIDUAL'S SURNAME	. 10, 1111		
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY USA
B. COLLATERAL CHANGE: Also check one of these four box	es ADD collateral DEI	ETE collateral RESTATE covered Collateral	ASSIGN collateral
marcate conservat			
NAME OF SECURED PARTY OF RECORD AUTHO If this is an Amendment authorized by a DEBTOR check here 9a ORGANIZATION'S NAME			Assignment)
	and provide name of authorizing De		
Puget Sound Cooperative Credit			
			SUFFIX
Puget Sound Cooperative Credit	Union		SUFFIX