202012230036

12/23/2020 10:21 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

UCC FINANCING STATEN	HENT AMENDMENT				
A NAME & PHONE OF CONTACT AT FILE JOY WIRSCH	R (optional) (509) 327-9634				
B E-MAIL CONTACT AT FILER (optional) joy.wirsch@covius.com	m				
C SEND ACKNOWLEDGMENT TO: (Name	****				
Chronos Mortgage	Solutions				
12410 E. Mirabeau					
Spokane Valley, WA					
			THE ABOV	E SPACE IS FOR FILING OFFICE	E USE ONLY
18 INITIAL FINANCING STATEMENT FILE	NUMBER		1b. This FINANCING	STATEMENT AMENDMENT is to be	
201812030208 FILE			Filer attach Amend	lhe REAL ESTATE RECORDS Imeni Addendum (Form UCC3Ad) — and provi	
 TERMINATION: Effectiveness of the Statement 	ne Financing Statement identified above	e is terminated with	respect to the security in	terest(s) of Secured Party authorizing to	his Termination .
3. ASSIGNMENT (full or partial): Pro	ovide name of assignee in item 7a or 7b, as 7 and 9 and also indicate affected co		ssignee in item 7c, and in	ame of Assignor in item 9	
	of the Financing Statement identified ab-		the security interest(s) of	Secured Party authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANG				·	
Check one of these two boxes:		e of these three bo			
This Change affects Debtor or S		E name and/or addi or 6b; <u>and</u> item 7a i			name Give record name leted in item 6a or 6b
6. CURRENT RECORD INFORMATION 68 ORGANIZATION'S NAME	DN: Complete for Party Information Ch	nange - provide only	one name (6a or 6b)		
OR 60. INDIVIDUAL'S SURNAME		FIRST PERSON	IA1 NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
Reynolds		Norman	AL NAME	J	2(0)
7. CHANGED OR ADDED INFORMA	TION Complete for Assignment or Party Infor	mation Change - provide	only one name (7a or 7b) (us	e exact full name; do not omit, modify, or abbre	viate any part of the Debtor's nam
78 ORGANIZATION'S NAME					
OR 75 INDIVIDUAL'S SURNAME	and the second second second second				
INDIVIDUAL'S FIRST PERSONAL	NAME				
INDIVIDUAL'S ADDITIONAL NAM	E(S)/INITIAL(S				SUFFIX
7c. MAILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also	check one of these four boxes AD	D collateral	DELETE collateral	RESTATE covered Collaleral	ASSIGN collateral
Indicate collateral:					
9. NAME OF SECURED PARTY				ame (9a or 9b) (name of Assignor, if this	s is an Assignment)
If this is an Amendment authorized by a 9a ORGANIZATION'S NAME	DEBTOR check here and provi	ide name of authori	zing Debtor		
Puget Sound Coop	erative Credit Unior				
96 INDIVIDUAL'S SURNAME		INDIVIDUAL'S	FIRST NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
10. OPTIONAL FILER REFERENCE			 		
Chronos Tracking #7237095	-53578 Loar	n#		SBA Loan #	