## 202102030055

02/03/2021 09:49 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

WAS THE PROPERTY AMENDMENT				
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS				
A NAME & PHONE OF CONTACT AT FILER (optional)  Joy Wirsch (509) 327-9634				
B. E-MAIL CONTACT AT FILER (optional) joy.wirsch@covius.com				
C SEND ACKNOWLEDGMENT TO: (Name and Address)				
	$\neg$			
Chronos Mortgage Solutions	'1			
12410 E. Mirabeau Parkway, Ste 100				
Spokane Valley, WA 99216	ıl			
			E SPACE IS FOR FILING OFFICE	
18. INITIAL FINANCING STATEMENT FILE NUMBER	•	— (or recorded) in	G STATEMENT AMENDMENT is to be the REAL ESTATE RECORDS	
202005290049 FILED 05/29/2020 2. TERMINATION: Effectiveness of the Financing Statement identified above is	is terminated with		idment Addendum (Form UCC3Ad) and provinterest(s) of Secured Party authorizing t	
Statement.				
ASSIGNMENT (full or partial). Provide name of assignee in item 7a or 7b, a     For partial assignment, complete items 7 and 9 and also indicate affected colls.	<u>and</u> address of As ateral in item 8	signee in item 7c, <u>and</u> (	name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.		he security interest(s) o	f Secured Party authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:	-			
	of these three box		ADD Complete Non- DELETI	Give assert asser
	name and/or addre 6b; and item 7a o			E name: Give record name leted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Char	nge - provide only	one name (6a or 6b)		
6a, ORGANIZATION'S NAME				
OR 66. INDIVIDUAL'S SURNAME  Nielson	FIRST PERSON Dustin	AL NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Informa	ation Change - provide	only one name (7a or 7b) (c	ise exact full name; do not omit, modify, or abbre	viate any part of the Debtor's nam
78 ORGANIZATION'S NAME				
OR 76 INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME			The second secon	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	J			SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD	) collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral.
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IIS AMENDMEN	IT: Provide only one		
If this is an Amendment authorized by a DEBTOR check here and provide	le name of authori	zing Debtor	name (9a or 9b) (name of Assignor, if the	s is an Assignment)
If this is an Amendment authorized by a DEBTOR check here and provide 9a. ORGANIZATION'S NAME	te name of authori	zing Debtor	name (9a or 9b) (name of Assignor, if the	s is an Assignment)
If this is an Amendment authorized by a DEBTOR check here and provide a ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	te name of authori	zing Deblor	name (9a or 9b) (name of Assignor, if the	
If this is an Amendment authorized by a DEBTOR check here and provide a ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	ie name of authori	zing Deblor		
If this is an Amendment authorized by a DEBTOR check here and provide a ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	te name of authoriz	zing Deblor		

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