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03/22/2021 10:11 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

ICC FINANCING STATEMENT AMENDMENT	
OLLOW INSTRUCTIONS	
NAME & PHONE OF CONTACT AT FILER (optional)	
Joy Wirsch (509) 327-9634	
joy.wirsch@covius.com	
C SEND ACKNOWLEDGMENT TO (Name and Address)	
Cl Markens Salutions	71
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100	
Spokane Valley, WA 99216	
Spokane valley, WA 99210	THE REPORT OF THE PARTY OF THE CANALA
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b This FINANCING STATEMENT AMENDMENT is to be filled (for record)
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202005040084 FILED 05/04/2020	This FINANCING STATEMENT AMENDMENT IS to be theo [for record] (or recorded) in the REAL ESTATE RECORDS File: attach. Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
2 TERMINATION: Effectiveness of the Financing Statement identified above is term	ninated with respect to the security interest(s) of Secured Party authorizing this Termination
Statement.	
3. ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, and address of Assignee in Item 7c, and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and, also indicate affected collateral in item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.	
Check one of these two boxes: AND check one of the	
This Change affects Debtor or Secured Party of record Litem 6a or 6b; 8	e and/or address: Complete ADD name: Complete item DELETE name: Give record name and item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change -	provide only one name (6a or 6b)
6a. ORGANIZATION'S NAME	
OR 6b. INDIVIDUAL'S SURNAME FIR	ST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
Latham Je	effrey
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information C 7a ORGANIZATION'S NAME	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.
OR 76 INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S	SUFFIX
7c MAILING ADDRESS CIT	TY STATE POSTAL CODE COUNTRY USA
8COLLATERAL CHANGE: Also check one of these four boxes:ADD coll	tateral DELETE collateral RESTATE covered Collateral ASSIGN collateral
Indicate collateral:	
- CECHDED DADTY AS DECORD AUTHODIZING THIS	AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR check here and provide na	ime of authorizing Debtor
A- ADCANIZATIONS NAME	
Puget Sound Cooperative Credit Union	NDIVIDUAL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
30 INDIAIDAT.2 20KMAWE	
10. OPTIONAL FILER REFERENCE DATA	00:1 #
Chronos Tracking #7373659-55052 Loan #	SBA Loan#