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04/02/2021 09:42 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMEND	MENT	
FOLLOW INSTRUCTIONS		
Joy Wirsch (509) 32	7-9634	
B E-MAIL CONTACT AT FILER (optional)		
joy.wirsch@covius.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)		
C. SEND ACKNOWLED SINE TO. (WILLIAM SINE ALLOSS)	— I	
Chronos Mortgage Solutions	'1	
12410 E. Mirabeau Parkway, Ste	± 100	
Spokane Valley, WA 99216		
J Periodical Control of the Control	11	
		ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201805140027 FILED 05/14/2018		ANCING STATEMENT AMENDMENT is to be filed (for record) ded) in the REAL ESTATE RECORDS
2. TERMINATION: Effectiveness of the Financing Statement id		Amendment Addendum (Form UCC3Ad) and provide Debtor's name in Item 13
Statement.		
ASSIGNMENT (full or partial): Provide name of assignee in For partial assignment, complete items 7 and 9 and also indicate	item 7a or 7b, <u>and</u> address of Assignee in item 7c, ste affected collateral in item 8	and name of Assignor in item 9
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	t identified above with respect to the security intere	st(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:		
Check one of these two boxes:	AND check one of these three boxes to:	
This Change affects Debtor or Secured Party of record	CHANGE name and/or address. Complete item 6a or 6b; and item 7a or 7b and item 7c	ADD name: Complete item DELETE name: Give record name 7a or 7b, and item 7c lo be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party In 6a. ORGANIZATION'S NAME	nformation Change - provide only <u>one</u> name (6a or 6	56)
OR Sb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
BASTROM	MICHAEL	D
	ent or Party Information Change - provide only one name (7a o	or 7b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name
7a. ORGANIZATION'S NAME		
OR 75. INDIVIDUAL'S SURNAME		
INDIVIDUAL'S FIRST PERSONAL NAME		
MDIAIDOWE 2 LIGOT LEKSONAT IMME		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S		SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY USA
- CONTACTOR CHARGE. Also short one of those four h	oxes: ADD collateral DELETE colla	
 COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these four be Indicate collateral; 	oxes. ADD condition December cond	TILE TATE CONTROL CONT

9. NAME OF SECURED PARTY OF RECORD AUTH	IORIZING 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		
9a ORGANIZATION'S NAME Puget Sound Cooperative Credi	it I Inion	
Puget Sound Cooperative Cred	IL OTTOTT INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
an undiadrop adulame	MUNICONE OF INGITED	. Entrans Control of the
10. OPTIONAL FILER REFERENCE DATA		
Chronos Tracking #7387451-55221		SBA Loan #