## 202104080043

04/08/2021 09:24 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

JCC FINANCING STATEMENT AMENDICATION OF THE PROPERTY OF THE PR	MENT	_		
A NAME & PHONE OF CONTACT AT FILER (optional)  Diana Norberg (509) 327	7-9634			
B E-MAIL CONTACT AT FILER (optional)  Diana. Norberg@covius.c				
C. SEND ACKNOWLEDGMENT TO. (Name and Address)		ı		
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste	100			
Spokane Valley, WA 99216		TUE 400VE		THE ONLY
1a INITIAL FINANCING STATEMENT FILE NUMBER			SPACE IS FOR FILING OFFICE STATEMENT AMENDMENT IS to be I	
202011120073 Filed 11/12/2020		(or recorded) in t	he REAL ESTATE RECORDS ment Addendum (Form UCC3Ad) and provide	
<ol> <li>TERMINATION: Effectiveness of the Financing Statement ide Statement.</li> </ol>	ntified above is terminated			
<ol> <li>ASSIGNMENT (full or partial). Provide name of assignee in it For partial assignment, complete items 7 and 9 and also indicate</li> </ol>			ame of Assignor in item 9	
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.</li> </ol>	identified above with respec	t to the security interest(s) of	Secured Party authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes:	ID check one of these three		DD name: Complete item DELETE	name Give record name
This Change affects Debtor or Secured Party of record  6. CURRENT RECORD INFORMATION: Complete for Party Inf  6a. ORGANIZATION'S NAME	item 6a or 6b; and item ormation Change - provide		a or 7b, and item 7c to be de	leted in item 6a or 6b
OR 65 INDIVIDUAL'S SURNAME ESPOSITO	FIRST PERS Antho	ONAL NAME	ADDITIONAL NAME(S)/INITIA	uL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignmen 7a. ORGANIZATION'S NAME	t or Party Information Change - pr	ovide only one name (7a or 7b) (us	e exact full name; do not omit, modify, or abbrev	riate any part of the Debtor's nam
OR 75 INDIVIDUAL'S SURNAME				· · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S FIRST PERSONAL NAME	4 40			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
COLLATERAL CHANGE: Also check one of these four box indicate collateral:	xes ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral
marcate contaera.				
9. NAME OF SECURED PARTY OF RECORD AUTHO	ORIZING THIS AMENDA	ENT: Provide only one na	me (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 Credit	Union			
OR 95 INDIVIDUAL'S SURNAME	and the second s	'S FIRST NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7392838-55326	Loan #		SBA Loan #	
OTHER PROPERTY OF THE PROPERTY	202117			