## 202107210016

07/21/2021 08:39 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

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UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	T			
A NAME & PHONE OF CONTACT AT FILER [optional]		1		
Diana Norberg (509) 327-963	5 <del>4</del>			
B. E-MAIL CONTACT AT FILER (optional) Diana. Norberg@covius.c				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
	$\neg$			
Chronos Mortgage Solutions	1	1		
12410 E. Mirabeau Parkway, Ste 100				
Spokane Valley, WA 99216				
		THE ADOM	E SPACE IS FOR FILING OFFICI	E LIGE ONLY
18 INITIAL FINANCING STATEMENT FILE NUMBER			S STATEMENT AMENDMENT IS TO be	
202004270217 Filed 4/27/2020		(or recorded) in	the REAL ESTATE RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identified ab Statement.	ove is terminated wi			
ASSIGNMENT (full or partial) Provide name of assignee in item 7e or For partial assignment, complete items 7 and 9 and also indicate affected		Assignee in item 7c, <u>and</u> r	ame of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	above with respect	to the security interest(s) of	Secured Party authorizing this Continu	iation Statement is
5. PARTY INFORMATION CHANGE:				
	one of these three i		DELET	E name: Give record name
	NGE name and/or ac Sa or 6b; <u>and</u> item ?			eleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information	Change - provide or	nly <u>one</u> name (6a or 6b)	., ,,	,
6a, ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	DNAL NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
Dagliesh	Glen			
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party In	nformation Change - prov	ide only <u>one</u> name (7a or 7b) (u	se 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				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				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.		_	7	_
NAME of SECURED PARTY of RECORD AUTHORIZING     If this is an Amendment authorized by a DESTOR check here and present the second party of the			ame (9a or 9b) (name of Assignor, if this	s is an Assignment)
9a ORGANIZATION'S NAME Puget Sound Cooperative Credit Unic	on			
OR 96 INDIVIDUAL'S SURNAME		S FIRST NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7490772-57066 Lo	an #		SBA Loan #	