## 202107290012

07/29/2021 08:33 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

Â				
CC FINANCING STATEMENT AMEND	MENT			
NAME & PHONE OF CONTACT AT FILER (optional)		٦		
Diana Norberg (509) 32	7-9634			
E-MAIL CONTACT AT FILER (optional)  Diana. Norberg@covius.c				
SEND ACKNOWLEDGMENT TO (Name and Address)				
Chronos Mortgage Solutions				
12410 E. Mirabeau Parkway, Ste	100			
Spokane Valley, WA 99216		ı		
		THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
a INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING	STATEMENT AMENDMENT is to be f	iled (for record)
201701100012 Filed 1/10/2017  FIRMINATION: Effectiveness of the Financing Statement Ide	amiliad about in terminal and	Fiter: attach. Amende	nent Addendum (Form UCC3Ad) and provid	
∴ TERMINATION: Effectiveness of the Financing Statement identification	entified above is terminated v	with respect to the security inte	rest(s) or decised harry equilonizing to	as remandadir
6. ASSIGNMENT (full or partial): Provide name of assignee in in For partial assignment, complete items 7 and 9 and also indica	item 7a or 7b, <u>and</u> address o	of Assignee in item 7c, <u>and</u> na	me of Assignor in item 9	
For partial assignment, complete watts 7 and 9 and also indicate.  CONTINUATION: Effectiveness of the Financing Statement			Secured Party authorizing this Continu	ation Statement is
continued for the additional period provided by applicable law.				
PARTY INFORMATION CHANGE:   Check one of these two boxes   A	UND check one of these three	boxes lo		
This Change affects Debtor or Secured Party of record	CHANGE name and/or a item 6a or 6b; and item	address: Complete Al		name: Give record name leted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party In 6a. ORGANIZATION'S NAME	Normation Change - provide	only <u>one</u> name (6a or 6b)		<del></del>
OR 66. INDIVIDUAL'S SURNAME SMITH	FIRST PERS	SONAL NAME	ADDITIONAL NAME(S)/INITI/	AL(S) SUFFIX
<ol> <li>CHANGED OR ADDED INFORMATION Complete for Assignme</li> <li>ORGANIZATION'S NAME</li> </ol>	ent or Party Information Change - pr	rovide only one name (7a or 7b) (use	exact full name; do not omit, modify, or abbre-	riate any part of the Debtor's na
30	w. v			
76. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S		,		SUFFIX
7c MAILING ADDRESS	CITY		STATE POSTAL CODE	2 .2
				COUNTRY USA
8. COLLATERAL CHANGE: Also check one of these four b	oxes ADD collateral	DELETE collateral	RESTATE covered Collateral	
COLLATERAL CHANGE: Also check one of these four by Indicate collateral.	oxes: ADD collateral	DELETE collateral	RESTATE covered Collateral	USA
	oxes: ADD collateral	DELETE collaieral	RESTATE covered Collateral	USA
	oxes: ADD collateral	DELETE collateral	RESTATE covered Collateral	USA
	oxes ADD collateral	DELETE collateral	RESTATE covered Collateral	USA
Indicate collateral:				USA  ASSIGN collateral
	ORIZING THIS AMENDE	MENT: Provide only <u>one</u> na		USA  ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR check here 9a ORGANIZATION'S NAME	ORIZING THIS AMENDA	MENT: Provide only <u>one</u> na		USA  ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR check here	HORIZING THIS AMENDED and provide name of aul	MENT: Provide only <u>one</u> na		USA  ASSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AUTH If this is an Amendment authorized by a DEBTOR check here 9a ORGANIZATION'S NAME Puget Sound Cooperative Cred	HORIZING THIS AMENDED and provide name of aul	MENT: Provide only <u>one</u> na horizing Deblor	me (9a or 9b) (name of Assignor, if thi	USA  ASSIGN collateral  as as an Assignment)