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Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	NT 	_		
A NAME & PHONE OF CONTACT AT FILER [optional] Diana Norberg (509) 327-96	634			
B. E-MAIL CONTACT AT FILER (optional) Diana.Norberg@covius.c				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Chronos Mortgage Solutions	\neg			
12410 E. Mirabeau Parkway, Ste 100	0	1		
Spokane Valley, WA 99216				
	1	THE ABOV	SPACE IS FOR FILING OFFICE	HEE ONLY
1a INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING	STATEMENT AMENDMENT is to be for	
201808290011 Filed 8/29/2018		(or recorded) in	he REAL ESTATE RECORDS Iment Addendum (Form UCC3Ad)and provid	e Deblor's name in item 13
 TERMINATION: Effectiveness of the Financing Statement identified Statement. 	l above is terminated wit	h respect to the security in	erest(s) of Secured Party authorizing th	is Termination
ASSIGNMENT (full or partial) Provide name of assignee in item 7a For partial assignment, complete items 7 and 9 and also indicate affect		Assignee in item 7c, <u>and</u> n	ame of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identificantinued for the additional period provided by applicable law.	ied above with respect t	o the security interest(s) of	Secured Party authorizing this Continue	ntion Statement is
5. PARTY INFORMATION CHANGE:				•
	ock one of these three t		DO O	
	HANGE name and/or ad m 6a or 6b; <u>and</u> ilem 7a			name: Give record name eled in ilem 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME	ion Change - provide or	ly <u>one</u> name (6a or 6b)		
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
GEORGESON	THEOD	• • • •	J	
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Par 7a ORGANIZATION'S NAME	rly Information Change - prov	ide only one name (7a or 7b) (us	e exact full name; do not omit, modify, or abbrev	late any part of the Debtor's nam
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
8COLLATERAL CHANGE: Also check one of these four boxes.	ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral
Indicate collateral:				
NAME OF SECURED PARTY OF RECORD AUTHORIZE If this is an Amendment authorized by a DEBTOR check here and			ame (9a or 9b) (name of Assignor, if this	is an Assignment)
9a ORGANIZATION'S NAME Puget Sound Cooperative Credit Ur				
OR 96 INDIVIDUAL'S SURNAME		S FIRST NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA				
	Loan#		SBA Loan#	