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09/03/2021 03:55 PM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

JCC FINANCING STATEMENT AMEN	DMENT			
	27-9634			
B E-MAIL CONTACT AT FILER (optional) ethan.sumpter@covius.c				
C SEND ACKNOWLEDGMENT TO (Name and Address)	a to a t			
Chronos Mortgage Solutions				
12410 E. Mirabeau Parkway, St	e 100			
Spokane Valley, WA 99216	1			
			SPACE IS FOR FILING OFFICE	
18 INITIAL FINANCING STATEMENT FILE NUMBER 202007160011 Filed 7/16/2020		(or recorded) in t	STATEMENT AMENDMENT IS to be fil he REAL ESTATE RECORDS	
 TERMINATION: Effectiveness of the Financing Statement Statement. 	identified above is terminated with		ment Addendum (Form UCC3Ad) <u>and provide</u> erest(s) of Secured Party authorizing thi	
ASSIGNMENT (full or partial): Provide name of assignee For partial assignment, complete items 7 and 9 and also inde		Assignee in item 7c, <u>and</u> no	ame of Assignor in Item 9	
CONTINUATION: Effectiveness of the Financing Statems continued for the additional period provided by applicable tax	ent identified above with respect to	the security interest(s) of	Secured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes	AND check one of these three b		DD name: Complete item DELETE	name Give record name
This Change affects Debtor or Secured Party of record	item 6a or 6b; and item 7a			eted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party 6a ORGANIZATION'S NAME	y Information Change - provide on	y <u>one</u> name (6a or 6b)		
OR : 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL	L(S) SUFFIX
Lehman	Bruce			
 CHANGED OR ADDED INFORMATION Complete for Assign 7a ORGANIZATION'S NAME 	nnent or Party Information Change - provi	de only <u>one</u> name (7a or 7b) (us	e exact full name; do not omit, modify, or abbrewi	ite any part of the Debtor's na
OR 76 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:				
<u> </u>				
NAME OF SECURED PARTY OF RECORD AUT If this is an Amendment authorized by a DEBTOR check he	THORIZING THIS AMENDME	NT: Provide only one na	me (9a or 9b) (name of Assignor, if this	s an Assignment)
9a. ORGANIZATION'S NAME		Internal Control		
Puget Sound Cooperative Cree				
OR 96 INDIVIDUAL'S SURNAME	INDIVIDUAL'S	FIRST NAME	ADDITIONAL NAME(S)/INITIA	L(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA			0041	
Chronos Tracking #7532021-57898	Loan#		SBA Loan #	