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09/22/2021 08:37 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

ICC FINANCING STATEMENT AMENDME	NT			
OLLOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional)				
Ethan Sumpter (509) 327-9	634			
B. E-MAIL CONTACT AT FILER (optional)				
ethan.sumpter@covius.c SEND ACKNOWLEDGMENT TO. (Name and Address)				
S. GEND ADMINISTRATION OF THE STATE OF THE S	— l			
Chronos Mortgage Solutions	' }			
12410 E. Mirabeau Parkway, Ste 10	0			
Spokane Valley, WA 99216				
		THE ABOVE S	PACE IS FOR FILING OFFICE (SE ONLY
a INITIAL FINANCING STATEMENT FILE NUMBER	1	This FINANCING ST	TATEMENT AMENDMENT IS to be file REAL ESTATE RECORDS	d [for record]
202010280192 Filed 10/28/2020		Filer attach Amendmen	Addendum (Form UCC3Ad)and provide	
Z. TERMINATION: Effectiveness of the Financing Statement identifier Statement.	d above is terminated with re	espect to the security intere	sits) of Secured Party authorizing this	Termination
 ASSIGNMENT (full or partial): Provide name of assignee in item 7. For partial assignment, complete items 7 and 9 and also indicate affer 		ignee in item 7c, <u>and</u> name	of Assignor in item 9	
 CONTINUATION: Effectiveness of the Financing Statement identicontinued for the additional period provided by applicable law. 	ified above with respect to the	e security interest(s) of Sec	cured Party authorizing this Continuati	on Statement is
5. PARTY INFORMATION CHANGE:		·		- -
	eck <u>one</u> of these three box			
	:HANGE name and/or addre em 6a or 6b; <u>and</u> item 7 <u>a or</u>			ame: Give record nan led in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information. ORGANIZATION'S NAME 	ation Change - provide only o	name (6a or 6b)		
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSONA	I NAME	ADDITIONAL NAME(SYINITIAL	SUFFIX
Moon	Peter	a to and		,
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Pr	arty Information Change - provide	only one name (7a or 7b) (use ex	act full name; do not omit, modify, or abbrevia	e any part of the Debtor's
7a. ORGANIZATION'S NAME				
OR 75 INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S		V + + + + + + + + + + + + + + + + + + +		SUFFIX
7c MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
				USA
8. COLLATERAL CHANGE: Also check one of these four boxes	ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collatera
Indicate collateral				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZ If this is an Amendment authorized by a DEBTOR check here are			(9a or 9b) (name of Assignor, if this is	s an Assignment)
9a ORGANIZATION'S NAME				
Puget Sound Cooperative Credit U	NION INDIVIDUĀL'S F	IDST NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
30. IMPIAIDRAT 2 SOKWAWE	INDIVIDUALS P	IVI IVIIIL	CONTRACTOR OF THE STATE OF THE	331, 11
10. OPTIONAL FILER REFERENCE DATA				
Chronos Tracking #7545227-58173	Loan#		SBA Loan #	