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10/04/2021 11:46 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

CO SINANOINO OTATEMENT. ARECI	NEMENT			
CC FINANCING STATEMENT AMEI	NDMENI			
NAME & PHONE OF CONTACT AT FILER (optional) Ethan Sumpter (509)	327-9634			
E-MAIL CONTACT AT FILER (optional)				
than.sumpter@covius.c				
SEND ACKNOWLEDGMENT TO (Name and Address)				
Chronos Mortgage Solutions	1]			
12410 E. Mirabeau Parkway, S	Ste 100			
Spokane Valley, WA 99216				
		THE ABOVE	SPACE IS FOR FILING OFFICE U	SE ONLY
INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING	STATEMENT AMENDMENT is to be filed to be f	i (for record)
02008140024 Filed 8/14/2020 ▼ TERMINATION: Effectiveness of the Financing Stateme		Filer:attach Amend	nent Addendum (Form UCC3Ad) and provide D	
Statement				
ASSIGNMENT (full or partial): Provide name of assignment, complete items 7 and 9 and also in		ssignae in kemi7c, <u>anvo</u> na	me of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable		the security interest(s) of :	Secured Party authorizing this Continuation	n Statement is
PARTY INFORMATION CHANGE:				
Check one of these two boxes:	AND check one of these three box		DO name: Complete item DELETE na	ime: Give record n
This Change affects Debtor or Secured Party of recor	rd item 6a or 6b; and item 7a o	or 7b and stem 7c 7a		d in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Pa 6a, ORGANIZATION'S NAME	arty Information Change - provide only	one name (6a or 6b)		
stewart	FIRST PERSON Casey	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S	S) SUFFIX
CHANGED OR ADDED INFORMATION Complete for Ass		e only one name (7a or 7b) (use	exact full name; do not omit, modify, or abbreviate	any part of the Debtor
78. ORGANIZATION'S NAME	······································			
75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			,	SUFFIX
MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
				USA
COLLATERAL CHANGE: Also check one of these for indicate collateral:	our boxes: ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collate
Trujcate Conateral				
NAME OF SECURED PARTY OF RECORD AL If this is an Amendment authorized by a DEBTOR check I	UTHORIZING THIS AMENDMEN here and provide name of authori:	IT: Provide only <u>one</u> nai zing Debtor	ne (9a or 9b) (name of Assignor, if this is i	an Assignment)
9a ORGANIZATION'S NAME				
Puget Sound Cooperative Cre	INDIVIDUAL'S I	FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
- Comment of the Comment				
O. OPTIONAL FILER REFERENCE DATA			0011 "	
Chronos Tracking #7555673-58353	Loan #		SBA Loan #	