## 202110210125

10/21/2021 04:08 PM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)	4			
Ethan Sumpter (509) 327-9634	4			
e than.sumpter@covius.c				
C SEND ACKNOWLEDGMENT TO. (Name and Address)				
Chronos Mortgage Solutions	'			
12410 E. Mirabeau Parkway, Ste 100				
Spokane Valley, WA 99216	,			
		THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
18 INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING	STATEMENT AMENDMENT IS to be I The REAL ESTATE RECORDS	filed [for record]
202103260028 Filed 3/26/2021		Filer, altach Amend	ment Addendum (Form UCC3Ad) and provide	
TERMINATION: Effectiveness of the Financing Statement identified above     Statement	ve is terminated with	respect to the security and	erest(s) of Secured Party authorizing ti	nis lermination .
ASSIGNMENT (full or partial) Provide name of assignee in item 7a or 7     For partial assignment, complete items 7 and 9 and, also indicate affected or		ssignee in item 7c, <u>and</u> n	ame of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	bove with respect to	the security interest(s) of	Secured Party authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:				
	ne of these three bo		OD name: Complete item DELETE	name: Give record name
	GE name and/or add or 6b; <u>and</u> item 7a			leted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information C 6a ORGANIZATION'S NAME	hange - provide only	y <u>one</u> name (6a or 6b)		
ON ORGANIZATIONS NAME				
OR 66 INDIVIDUAL'S SURNAME	FIRST PERSON		ADDITIONAL NAME(SYINITIA	AL(S) SUFFIX
SCARPELLI 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Info	LEONA			men s'writed and its tren was aleiu
72. ORGANIZATION'S NAME	orintation Citatige - Providence	e only one name (rator ro) (as	C CARA ILIS NORCE. GO THA OTISE STORY, SA STORY	roce any partoreal octobra a right
OR .				
7b. 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:	OD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral
Indicate collateral		_		
OFOURTH BARTY DECORD	TI US 115-1	<u> </u>		
NAME OF SECURED PARTY OF RECORD AUTHORIZING     If this is an Amendment authorized by a DEBTOR check here and pro			(On as Oh) (name of Assissant Ass	. in an Anning
	ovide name of author		ame (9a or 9b) (name of Assignor, if this	s is an Assignment)
9a ORGANIZATION'S NAME			eme (9a or 9b) (name of Assignor, if this	s is an Assignment)
Puget Sound Cooperative Credit Unio	n	izing Debtor		
Puget Sound Cooperative Credit Unio		izing Debtor	ame (9a or 9b) (name of Assignor, if the	
Puget Sound Cooperative Credit Unio	n	izing Debtor	ADDITIONAL NAME(S)/INITI	
Puget Sound Cooperative Credit Unio 9b. INDIVIDUAL'S SURNAME  10. OPTIONAL FILER REFERENCE DATA	n	izing Debtor		