## 202112140003

12/14/2021 08:33 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMEN	DMENT			
A NAME & PHONE OF CONTACT AT FILER (optional)		<b>-</b>		
	27-9634	_i		
B. E-MAIL CONTACT AT FILER (optional)				
ethan.sumpter@covius.c				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	_	, <b>I</b>		
Chronos Mortgage Solutions		1]		
12410 E. Mirabeau Parkway, S	te 100			
Spokane Valley, WA 99216				
		1		
1a. INITIAL FINANCING STATEMENT FILE NUMBER	<del>-</del>		E SPACE IS FOR FILING OFFICE S STATEMENT AMENDMENT is to be 1	
201504270078 Filed 4/27/2015		(or recorded) in	the REAL ESTATE RECORDS	•
2. TERMINATION: Effectiveness of the Financing Statemen			iment Addendum (Form UCC3Ad) and provide lerest(s) of Secured Party authorizing to	
Statement				
ASSIGNMENT (full or partial) Provide name of assignee For partial assignment, complete items 7 and 9 and also ince			ame of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable is		ct to the security interest(s) of	Secured Party authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes.	AND check one of these three	e boxes to:		
This Change affects Debtor or Secured Party of record	CHANGE name and/or item 6a or 6b; and item			name: Give record name leted in item 6a or 6b
6. CURRENT RECORD INFORMATION; Complete for Part 6a ORGANIZATION'S NAME	y Information Change - provide	only <u>one</u> name (6a or 6b)		
OR -66 INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME	ADDITIONAL NAME(S)/INITIA	AL(S) SUFFIX
Weyrich	Richa	rd		
7. CHANGED OR ADDED INFORMATION Complete for Assig 7a ORGANIZATION'S NAME	nment or Party Information Change - p	rovide only one name (7a or 7b) (us	e exact full name; do not omit, modify, or abbrev	riate any part of the Debtor's nam
72 ORGANIZATION S NAME				
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S		. / "		SUFFIX
HADINGOL S ADDITIONAL INNAL(S)HATI KAL(S				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8 COLLATERAL CHANGE: Also check one of these four	r boxes ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral.
Indicate collateral.				
9. NAME OF SECURED PARTY OF RECORD AU			ame (9a or 9b) (name of Assignor, if this	is an Assignment)
If this is an Amendment authorized by a DEBTOR check he 9a ORGANIZATION'S NAME		norizing Debior		7
Puget Sound Cooperative Cre-	dit Union			
OR 96 INDIVIDUAL'S SURNAME	INDIVIDUA	L'S FIRST NAME	ADDITIONAL NAME(S)/INITI	AL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA				
Chronos Tracking #7609205-59465	Loan #		SBA Loan #	

FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 04/20/11)