202201130100

01/13/2022 01:29 PM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

CC FINANCING STATEMENT AMENDMENT	
DLLOW INSTRUCTIONS	
NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-9634	
E-MAIL CONTACT AT FILER (optional)	
Diana.Norberg@covius.c	
	¬
Chronos Mortgage Solutions	'
12410 E. Mirabeau Parkway, Ste 100	
Spokane Valley, WA 99216	ı i
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
a INITIAL FINANCING STATEMENT FILE NUMBER	1b This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS
201812140045 Filed 12/14/2018	Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 terminated with respect to the security interest(s) of Secured Party authorizing this Termination
Statement	Tenance with the second
 ASSIGNMENT (fuff or partial): Provide name of assignee in item 7a or 7b, and For partial assignment, complete items 7 and 9 and also indicate affected collar 	nd eddress of Assignee in item 7c, <u>and</u> name of Assignor in item 9
 CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law. 	s with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is
continued for the additional period provided by applicable law. 5 PARTY INFORMATION CHANGE:	
Chark one of these two boxes: AND check one of	of these three boxes to:
CHANGE O	ame and/or address. Complete ADD name: Complete item DELETE name: Give record name by and item 7a or 7b and item 7c to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change	ge - provide only <u>one</u> name (6a or 6b)
68. ORGANIZATION'S NAME	
OR SD. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
BECERRA	RUDY
 CHANGED OR ADDED INFORMATION Complete for Assignment of Party Information 7a ORGANIZATION'S NAME 	tion Change - provide only one name (7a or 7b) (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name
OR	<u></u>
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 USA
8. COLLATERAL CHANGE: Also check one of these four boxes ADD	
Indicate collateral:	
A NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IS AMENDMENT: Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)
If this is an Amendment authorized by a DEBTOR check here and provide	e name of authorizing Debtor
9a ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	
OR 95 INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7629611-59860 Loan	# SBA Loan #
Chronos Tracking #7629611-59860 Loan	π σσ. σσ. σσ. σσ. σσ. σσ. σσ. σσ. σσ. σσ