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04/18/2022 03:27 PM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDME	ENT			
A NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-5	9634			
B. E-MAIL CONTACT AT FILER (optional) Diana.Norberg@covius.c				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
		ľ		
Chronos Mortgage Solutions	,			
12410 E. Mirabeau Parkway, Ste 1	00			
Spokane Valley, WA 99216	1			
		THE ABOVE	SPACE IS FOR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	*	1b. This FINANCING	STATEMENT AMENDMENT is to be filed (for REAL ESTATE RECORDS	r record]
201705220042 Filed 5/22/2017		Filer attach Amendm	ent Addendum (Form UCC3Ad) and provide Debto	
 TERMINATION: Effectiveness of the Financing Statement identification. 	ied above is terminated wit	h respect to the security inter	rest(s) of Secured Party authorizing this Ter	mination .
ASSIGNMENT (full or partial): Provide name of assignee in item For partial assignment, complete items 7 and 9 and also indicate at	7a or 7b, <u>and</u> address of. fected collateral in item 8	Assignee in item 7c, <u>and</u> ner	me of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law.	ntified above with respect t	o the security interest(s) of S	ecured Party authorizing this Continuation S	italement is
5.L PARTY INFORMATION CHANGE:		· · · · · · · · · · · · · · · · · · ·		
-	check one of these three b			
This Change affects Debtor or Secured Party of record	CHANGE name and/or ad item 6a or 6b; and item 7		DD name: Complete item DELETE name or 7b, <u>and</u> item 7c to be deleted in	: Give record name n item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Inform	nation Change - provide or	ly <u>one</u> name (6a or 6b)		
6a. ORGANIZATION'S NAME				
66. INDIVIDUAL'S SURNAME PHINNEY	FIRST PERSO		ADDITIONAL NAME(S)/INITIAL(S) J	SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or	Party Information Change - prov	ide only one name (7a or 7b) (use	exact full name; do not omit, modify, or abbreviate an	r part of the Debtor's nam
78. ORGANIZATION'S NAME	_			
OR 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			u,	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes	: ADD collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral.
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHOR	IZING THIS AMENDMI	NT: Provide only one name	ne (9a or 9b) (name of Assignor, if this is an	Assignment)
If this is an Amendment authorized by a DEBTOR check here				
9a. organization's name Puget Sound Cooperative Credit U	Jnion			
OR 9b. INDIVIDUAL'S SURNAME		S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7700407-61314	Loan #		SBA Loan#	
Chionos Hacking #1700401-01314	LVGII #			