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		Skagit Co	unty Audito	or, WA	
ICC FINANCING STATEMENT AMENDME	NT				
OLLOW INSTRUCTIONS		_			
A. NAME & PHONE OF CONTACT AT FILER (optional)	004				
Diana Norberg (509) 327-9	634				
B. E-MAIL CONTACT AT FILER (optional)					
Diana.Norberg@covius.c					
S. SCIED MONTE CONTROL TO THE MINE STATE OF STAT	_				
Chronos Mortgage Solutions	ļ				
12410 E. Mirabeau Parkway, Ste 10	0				
Spokane Valley, WA 99216					
	1				
				OR FILING OFFICE USE	
Ia. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING (or recorded) in t	STATEMENT A he REAL ESTAT	MENDMENT is to be filed (fo E RECORDS	r record)
201508100023 Filed 8/10/2015				orm UCC3Ad) and provide Debto	
 TERMINATION: Effectiveness of the Financing Statement identifies Statement. 	a above is terminated wit	n respect to the security int	erest(s) or Secur	ed Party authorizing this Ten	mination .
B. ASSIGNMENT (full or partial): Provide name of assignee in item 7.	a or 7b, and address of	ssignee in item 7c, <u>and</u> na	ame of Assignor i	n item 9	
For partial assignment, complete items 7 and 9 and also indicate affective	cled collateral in item 8				****
 CONTINUATION: Effectiveness of the Financing Statement identic continued for the additional period provided by applicable law. 	fied above with respect to	the security interest(s) of	Secured Party au	thorizing this Continuation S	tatement is
PARTY INFORMATION CHANGE:					
Check one of these two boxes: AND ch	eck one of these three b	oxes to:			
	HANGE name and/or add em 6a or 6b; and item 7a	ress: Complete Al	DD name: Compl a or 7b, <u>and</u> item		: Give record nam
6. CURRENT RECORD INFORMATION: Complete for Party Informa			a or ro, <u>and</u> non	TO DE GENERALIE	THE HOLD OF DE
6a. ORGANIZATION'S NAME					
DR					
66. INDIVIDUAL'S SURNAME Blanton	FIRST PERSO Rick	NAL NAME	E	DNAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Pa		e only lone name (7a or 7b) (use		not omit modify or abbreviate any	part of the Debtor's o
7a. ORGANIZATION'S NAME	ny montana an' anange provi	conf one name (see or se) (asset	CAUGE (M) HOMO, WO	tot onte mount, or observations,	pertor the Deber 51.
DR	·				
75. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S					SUFFIX
	- I amu		07175	I BOOTH CODE	l countrate
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	USA
COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	DESTATE A	covered Collateral A	SSIGN collateral
Indicate collateral:		DEEE1E CONSISTEN	LINCOIATE	Svered condicion	1001014 CONSIGNAL
9. NAME OF SECURED PARTY OF RECORD AUTHORIZI	NG THIS AMENIOME	dT: Provide only one nor	no (0a er 0h) (na	me of Assignor, if this is an A	\esignment\
If this is an Amendment authorized by a DEBTOR check here and			ne (sa or sp) (na	THE OF MASSIGNAL, IT THIS IS OFF	rasiôn (tern)
9a. ORGANIZATION'S NAME					
Puget Sound Cooperative Credit Ur		CIDOT MANE	ABBIT	SAIRI MANIEJOJAMIETALIA	- EUEEN
9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S	FIRST NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
OPPOSITOR OF THE PRESENCE OF T					
io, OPTIONAL FILER REFERENCE DATA Chronos Tracking #7704121-61423	Loan#		SBA Lo	nan#	
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FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 04/20/11)