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Skagit County Auditor, WA

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS			
A NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 327-9634			
B. E-MAIL CONTACT AT FILER (optional) Diana. Norberg@covius.c			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Chronos Mortgage Solutions			
12410 E. Mirabeau Parkway, Ste 100 Spokane Valley, WA 99216			
Spokane valley, VVA 99210	THE ABOVE	SPACE IS FOR FILING OFFICE USE	E ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER	1b. This FINANCING	STATEMENT AMENDMENT is to be filed [fi	or record]
201810230051 Filed 10/23/2018		e REAL ESTATE RECORDS eni Addendum (Form UCC3Ad)and provide Debi	lors name in item 13
 TERMINATION: Effectiveness of the Financing Statement identified above is terminal Statement. 	ated with respect to the security inte	rest(s) of Secured Party authorizing this Te	rmination .
ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, and address partial assignment, complete items 7 and 9 and also indicate affected collateral in items.		me of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above with recontinued for the additional period provided by applicable law.	spect to the security interest(s) of S	ecured Party authorizing this Continuation S	Statement is
5. PARTY INFORMATION CHANGE:			
Check one of these two boxes: AND check one of these of these of these one of the other one of the oth		D name: Complete item DELETE name	e: Give record name
This Change affects Debtor or Secured Party of record item 6a or 6b; and	item 7a or 7b <u>and</u> item 7c 7a		in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information Change - prov. 6a. ORGANIZATION'S NAME 	vide only <u>one</u> name (6a or 6b)	· · · · · · · · · · · · · · · · · · ·	
os, ottoranismon o tradic			
OR 66. INDIVIDUAL'S SURNAME FIRST F Sha	PERSONAL NAME	ADDITIONAL NAME(SYINITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Information Change	e - provide only one name (7a or 7b) (use	exact full name; do not omit, modify, or abbreviate an	y part of the Debtor's name
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
		STATE POSTAL CODE	SUFFIX COUNTRY USA
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	DELETE collateral		COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S 7c. MAILING ADDRESS CITY	I DELETE collateral		COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S 7c. MAILING ADDRESS CITY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral		COUNTRY
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7c. MAILING ADDRESS CITY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral Indicate collateral: 9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMEN If this is an Amendment authorized by a DEBTOR check here and provide name of 9a ORGANIZATION'S NAME Puget Sound Cooperative Credit Union	NDMENT: Provide only <u>one</u> nam	RESTATE covered Colleteral	COUNTRY USA ASSIGN collateral
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FILING OFFICE COPY -- UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 04/20/11)