## 202206020050

06/02/2022 01:07 PM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

|   |   | og oo,                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                 |                           |
|---|---|--|---|---------------------------|
|   |   |  |   |                           |
|   |   |  |   |                           |
|   |   | •  |   |                           |
| UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS   |   | _  |   |                           |
| A NAME & PHONE OF CONTACT AT FILER [optional] Diana Norberg (509) 327-963   | 4   |  |   |                           |
| B. E-MAIL CONTACT AT FILER (optional)  Diana.Norberg@covius.c   |   |  |   |                           |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   |   | ì  |   |                           |
| Ohanna Martana Oalatiana  |   |  |   |                           |
| Chronos Mortgage Solutions  | •   |  |   |                           |
| 12410 E. Mirabeau Parkway, Ste 100  |   |  |   |                           |
| Spokane Valley, WA 99216  | ı   |  |   |                           |
|   |   | THE ABOVE SPA                            | ACE IS FOR FILING OFFICE USE  | ONLY                      |
| 18. INITIAL FINANCING STATEMENT FILE NUMBER   |   | 1b. This FINANCING STA                   | FEMENT AMENDMENT is to be filed [for                                    | or record)                |
| 202112080059 Filed 12/8/2021  |   | (or recorded) in the RE                  | AL ESTATE RECORDS<br>ddendum (Form UCC3Ad) and provide Deble            | or's name in ilem 13      |
| <ol> <li>TERMINATION: Effectiveness of the Financing Statement identified abo<br/>Statement.</li> </ol>   | ve is terminated wit                            | h respect to the security interest(      | s) of Secured Party authorizing this Ter                                | mination.                 |
| ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7     For partial assignment, complete items 7 and 9 and also indicate affected. |   | Assignee in item 7c, <u>and</u> name o   | f Assignor in item 9  |                           |
| CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.                   | bove with respect to                            | the security interest(s) of Secur        | ed Party authorizing this Continuation 5                                | Statement is              |
| 5. PARTY INFORMATION CHANGE:  |   |  |   |                           |
| Check one of these two boxes: AND check or  | ne of these three b                             | oxes to:                                 |   |                           |
|   | SE name and/or add<br>or 6b; <u>and</u> item 7a |  | me: Complete item DELETE name<br>b, <u>and</u> item 7c to be deleted it | : Give record name        |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information C   |   |  |   |                           |
| 6a. ORGANIZATION'S NAME   |   | · <del></del>                            |   |                           |
| OR  |   |  |   |                           |
| 66. INDIVIDUAL'S SURNAME<br>Holbeck   | FIRST PERSO<br>Shaina                           | NAL NAME                                 | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX                    |
| 7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Info   | 1   | de oak one name (7a or 7h) (use evert    | full name: do not omit modify or abbreviate any                         | nert of the Debtor's name |
| 7a. ORGANIZATION'S NAME   | Milatin Orazige - provi                         | as only one mane (raid to to) (ase exact | martianic, do not office, meany, or abboortable day                     | partor ner better a mane  |
| OR 7b. INDIVIDUAL'S SURNAME   |   |  |   |                           |
| INDIVIDUAL'S FIRST PERSONAL NAME  |   |  |   |                           |
| INDIVIDUAL CARDITIONAL MANERO PROPERTY  |   |  |   | LOWER                     |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S   |   |  |   | SUFFIX                    |
| 7c. MAILING ADDRESS   | СПУ   |  | STATE POSTAL CODE   | COUNTRY                   |
| 8. COLLATERAL CHANGE: Also check one of these four boxes: Also  | DD collateral                                   | DELETE collateral                        | RESTATE covered Collateral  | ASSIGN collateral.        |
| Indicate collateral:  |   |  |   |                           |
|   |   |  |   |                           |
|   |   |  |   |                           |
|   |   |  |   |                           |
|   |   |  |   |                           |
|   |   |  |   |                           |
| 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING T  | THIS AMENDME                                    | NT: Provide only one name (9a            | or 96) (name of Assignor, if this is an                                 | Assignment)               |
| If this is an Amendment authorized by a DEBTOR check here and prov  | ride name of author                             | izing Debtor                             |   |                           |
| 98. ORGANIZATION'S NAME Puget Sound Cooperative Credit Union  | n   |  |   |                           |
| OR O  | INDIVIDUAL'S                                    | FIR\$T NAME                              | ADDITIONAL NAME(S)/INITIAL(S)   | SUFFIX                    |
| 40 ORTONAL EU ED DESCRIPTOR DATE  |   |  |   |                           |
| 10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7728789-61999 Loai  | n#  |  | SBA Loan #  |                           |
|   |   |  |   |                           |

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