## 202206020054

06/02/2022 01:08 PM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

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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			
Opokalie Valley, VVA 99210			
		E SPACE IS FOR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202010190072 Filed 10/19/2020	(or recorded) in t	S STATEMENT AMENDMENT is to be filed the REAL ESTATE RECORDS	
2. ▼ TERMINATION: Effectiveness of the Financing Statement identified above is		iment Addendum (Form UCC3Ad) and provide De lerest(s) of Secured Party authorizing this T	
Statement.		coresi(s) or secured that y delivering this t	
ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b, a     For partial assignment, complete items 7 and 9 and also indicate affected colle		ame of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	e with respect to the security interest(s) of	Secured Party authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:			
	of these three boxes to:	DD	
			ne: Give record name I in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Chan     Sa. ORGANIZATION'S NAME	ge - provide only <u>one</u> name (6a or 6b)		
Da. ORGANIZATIONS NAME			
OR Bb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	Kimberly		
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Informat  7a. ORGANIZATION'S NAME	ion Change - provide only <u>one</u> name (7a or 7b) (us	e exact full name; do not omit, modify, or abbreviate a	ny part of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME		** 18 ** ** **	<del></del>
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
7c. MAILING ADDRESS	CITY	STATE   POSTAL CODE	COUNTRY
	J	STATE TOSTAL COSE	USA
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD of	collateral DELETE collateral	RESTATE covered Collateral	ASSIGN collateral.
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT. 9	10-10-10-1	
9. NAME OF SECONED PARTY OF NECOND AUTHORIZING THIS if this is an Amendment authorized by a DEBTOR check here and provide		me (9a or 9b) (name of Assignor, if this is a	n Assignment)
9a. ORGANIZATION'S NAME			
Puget Sound Cooperative Credit Union OR 9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S	SUFFIX
VALUE OF THE PARTY			
	INDIVIDUAÇO I INDI NAME	FIDELLI IN THE CONTRACTOR OF T	GOTTA
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7729891-62009 Loan #	INDIVIDUAL OF INGLINAINE	SBA Loan #	30111

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