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06/08/2022 10:41 AM Pages: 1 of 1 Fees: \$203.50

Skagit County Auditor, WA

			-	
UCC FINANCING STATEMENT AMEN	DMENT			
FOLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional)		1		
	27-9634			
B. E-MAIL CONTACT AT FILER (optional) Diana. Norberg@covius.c				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Chronos Mortgage Solutions	\neg			
12410 E. Mirabeau Parkway, St	te 100			
Spokane Valley, WA 99216				
		THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
18. INITIAL FINANCING STATEMENT FILE NUMBER		1b. This FINANCING	STATEMENT AMENDMENT is to be fit	
201912160009 Filed 12/16/2019		Filer: attach Amenda	e REAL ESTATE RECORDS nept Addendum (Form UCC3Ad) = and provide	
 TERMINATION: Effectiveness of the Financing Statement Statement. 	identified above is terminated wi	th respect to the security inte	rest(s) of Secured Party authorizing thi	s Termination
ASSIGNMENT (full or partial): Provide name of assignee For partial assignment, complete items 7 and 9 and also indi		Assignee in item 7c, <u>and</u> na	me of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Stateme	ent identified above with respect	o the security interest(s) of S	ecured Party authorizing this Continua	tion Statement is
continued for the additional period provided by applicable law 5. PARTY INFORMATION CHANGE:	N,	.		
Check one of these two boxes:	AND check one of these three t	poxes to:		
This Change affects Debtor or Secured Party of record	CHANGE name and/or ad item 6a or 6b; and item 7	dress: Complete AD		name: Give record name eted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party				
6a. ORGANIZATION'S NAME				
OR 66. INDIVIDUAL'S SURNAME	FIRST PERSO	NAL NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assign		ide only one name (7a or 7b) (use	exact full name; do not omit, modify, or abbrevia	ate any part of the Debtor's name
7a. ORGANIZATION'S NAME				•
OR 75. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S				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 colleteral.
Indicate collateral:				
COURT PARTY PEOCES				
NAME OF SECURED PARTY OF RECORD AUT If this is an Amendment authorized by a DEBTOR check here			e (9a or 9b) (name of Assignor, if this is	s an Assignment)
9a ORGANIZATION'S NAME Puget Sound Cooperative Cred	lit Union			
OR 9b. INDIVIDUAL'S SURNAME		FIRST NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
·	: :			
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7732647-62123	Loan #		SBA Loan #	
	**			

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