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06/23/2022 10:16 AM 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)				
Change Martage Solutions				
Chronos Mortgage Solutions 12410 E. Mirabeau Parkway, Ste 100				
Spokane Valley, WA 99216				
	1			
1a. INITIAL FINANCING STATEMENT FILE NUMBER		T	SPACE IS FOR FILING OFFICE	
201711130020 Filed 11/13/2017		1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer attach Amendment Addendum (Form UCCSAd) and provide Debtor's name in item 13		
2. TERMINATION: Effectiveness of the Financing Statement identified above Statement.	e is terminated wit			
ASSIGNMENT (full or partial): Provide name of assignee in item 7a or 7b. For partial assignment, complete items 7 and 9 and also indicate affected co		Assignee in item 7c, <u>and</u> na	me of Assignor in item 9	
 CONTINUATION: Effectiveness of the Financing Statement identified ab- continued for the additional period provided by applicable law. 	ove with respect to	the security interest(s) of S	Secured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:				
	of these three b		DD name: Complete item DELETE	name: Give record name
This Change affects Debtor or Secured Party of record item 6a of	or 6b; <u>and</u> item 7a	or 7b <u>and</u> item 7c 7a		eted in item 6a or 6b
 CURRENT RECORD INFORMATION: Complete for Party Information Ch. Ga. ORGANIZATION'S NAME 	ange - provide on	y <u>one</u> name (6a or 6b)		
OR				
6b. INDIVIDUAL'S SURNAME Grimberg	Beulah	NAL NAME	ADDITIONAL NAME(S)/INITIAL	.(S) SUFFIX
7. CHANGED OR ADDED INFORMATION Complete for Assignment or Party Inform		le 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 7b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(SYINITIAL(S				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADI) collateral	DELETE collateral	RESTATE covered Collateral	ASSIGN collateral.
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH	IIS AMENDMEI	IT: Provide only one nam	e (9a or 9b) (name of Assignor, if this i	s an Assignment)
If this is an Amendment authorized by a DEBTOR check here and provide 9a. ORGANIZATION'S NAME	le name of authori	zing Debtor		
Puget Sound Cooperative Credit Union				
9b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S	FIRST NAME	ADDITIONAL NAME(S)/INITIAL	(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA Chronos Tracking #7741109-62220 Loan	#	·····	SBA Loan #	
Children Tracking #7771100-02220 Loan	a.		ODA LUGII #	

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