		2021-007805 Klamath County, 05/17/2021 11:39:00 Al Fee: \$82.00	-
CC FINANCING STATEMENT AMEN	DMENT		
NAME & PHONE OF CONTACT AT FILER [optional]	27-9634		
IOY WIRSCh (509) 3 E-MAIL CONTACT AT FILER (optional)	27-3034		
oy.wirsch@covius.com			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Chronos Mortgage Solutions			
12410 E. Mirabeau Parkway, St	te 100		
Spokane Valley, WA 99216			
		E ABOVE SPACE IS FOR FILING OFFICE USE ON INANCING STATEMENT AMENDMENT is to be filed [for rec	
INITIAL FINANCING STATEMENT FILE NUMBER	(or re	INANCING STATEMENT AMENDMENT IS DO THE INFORMATION OF THE INFORMATION	
TERMINATION: Effectiveness of the Financing Statement			
Statement.			
ASSIGNMENT (full or partial). Provide name of assignee For partial assignment, complete items 7 and 9 and also ind	licate affected collateral in item 8		
CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable la	ent identified above with respect to the security in w.	terest(s) of Secured Party authorizing this Continuation State	ment is
Check one of these two boxes:	AND check one of these three boxes to		
This Change affects Debtor or Secured Party of record	CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item		
6a. ORGANIZATION'S NAME R Gb. INDIVIDUAL'S SURNAME HILL	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION Complete for Assign		(7a or 7b) (use exact full name; do not omit, modify, or abbreviate any part	of the Debtor
7a. ORGANIZATION'S NAME	оонологионологионалиянын талаан та Талаан талаан		
R 7b INDIVIDUAL'S SURNAME			
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S	- (Markovania), 1000000000000000000000000000000000000		SUFFIX
c			001101700
c MAILING ADDRESS	CITY	STATE POSTAL CODE	
COLLATERAL CHANGE: Also check one of these fou	r boxes ADD collateral DELETE	collateral RESTATE covered Collateral ASS	IGN collate
Indicate collateral:			
9. NAME OF SECURED PARTY OF RECORD AU If this is an Amendment authorized by a DEBTOR check he		only <u>one</u> name (9a or 9b) (name of Assignor, if this is an Assi	gnment)
9a. ORGANIZATION'S NAME			
9a. ORGANIZATION'S NAME Umpqua Bank			OULCIN
9a. ORGANIZATION'S NAME	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
9a. ORGANIZATION'S NAME Umpqua Bank	INDIVIDUAL'S FIRST NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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