UCC FINANCING STATEMENT AMEN	IDMENT		2021-008789 Klamath County 06/03/2021 10:42:01 Fee: \$82.00	, Oregon
OLLOW INSTRUCTIONS A NAME & PHONE OF CONTACT AT FILER (optional) Diana Norberg (509) 3 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, S Spokane Valley, WA 99216 B. INITIAL FINANCING STATEMENT FILE NUMBER 2013-004437 C. TERMINATION: Effectiveness of the Financing Statement	1b. 🕑	(or recorded) in the REAL ESTAT Filer; attach_Amendment Addendum (Fo	MENDMENT is to be filed [for E RECORDS orm UCC3Ad) and provide Debtor	record) 's name in item 13
Statement 3. ASSIGNMENT (full or partial). Provide name of assigned For partial assignment, complete items 7 and 9 and also in	e in item 7a or 7b, and address of Assignee			
CONTINUATION: Effectiveness of the Financing Staten continued for the additional period provided by applicable la	nent identified above with respect to the sec	urity interest(s) of Secured Party a	uthorizing this Continuation St	atement is
Check <u>one</u> of these two boxes. <u>This Change affects</u> <u>Debtor or</u> <u>Secured Party of record</u> 6. CURRENT RECORD INFORMATION: Complete for Par 6a. ORGANIZATION'S NAME DR 6b. INDIVIDUAL'S SURNAME	ty Information Change - provide only <u>one</u> na FIRST PERSONAL NAI	n <u>of</u> item 7c7a or 7b, <u>and</u> item me (6a or 6b)		Give record nam item 6a or 6b SUFFIX
HIII 7. CHANGED OR ADDED INFORMATION Complete for Assig	April noment or Party Information Change - provide only or	<u>e</u> name (7a or 7b) (use exact full name; dc	o not omit, modify, or abbreviate any	part of the Debtor's n
78 ORGANIZATION'S NAME				
INDIVIDUAL'S FIRST PERSONAL NAME			nn - Al annaac balada, ann - Alad anbara shada balada baladabada	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S			ubatur (- Salabilitaturu)	SUFFIX
C MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY USA
B. COLLATERAL CHANGE: <u>Also</u> check <u>one</u> of these for Indicate collateral:	Ir boxes: ADD collateral DEI	.ETE collateral RESTATE	covered Collateral	SSIGN collateral
9. NAME OF SECURED PARTY OF RECORD AU If this is an Amendment authorized by a DEBTOR check he 9a ORGANIZATION'S NAME Umpqua Bank 9b INDIVIDUAL'S SURNAME		btor	ame of Assignor, if this is an A IONAL NAME(S)/INITIAL(S)	ssignment) SUFFIX
10. OPTIONAL FILER REFERENCE DATA				