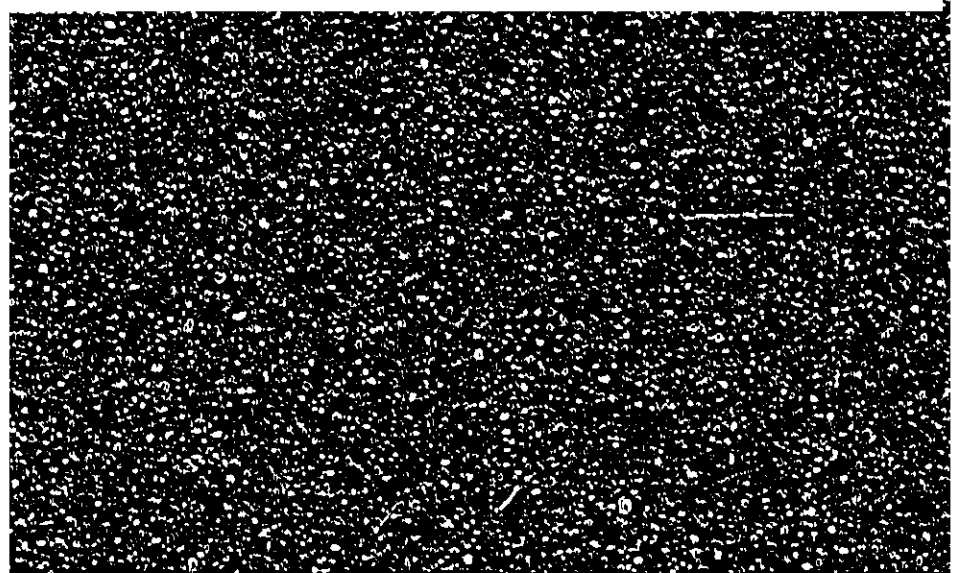


UNOFFICIAL



RETURN TO:

Floor Show Inc.
8612 S. March PT RD
ANANAPTES WA 98221

KATHY HILL
SKAGIT COUNTY AUDITOR

99 MAY 20 P12:29

RECORDED _____ FILED _____
REQUEST OF _____

DOCUMENT TITLE(S) (or transactions contained herein):

Claim of Lien

9905200196

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

[] ADDITIONAL REFERENCE NUMBERS ON PAGE _____ OF DOCUMENT.

GRANTOR(S) (Last name, first name and initials):

1. Rick & JJ Cully
- 2.
- 3.
- 4.

[] ADDITIONAL NAMES ON PAGE _____ OF DOCUMENT.

GRANTEE(S) (Last name, first name and initials):

1. Floor Show Inc
- 2.
- 3.
- 4.

[] ADDITIONAL NAMES ON PAGE _____ OF DOCUMENT.

LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plot or quarter, quarter, section, township and range):

5720 N. Hwy 99
Burlington - WA 98233

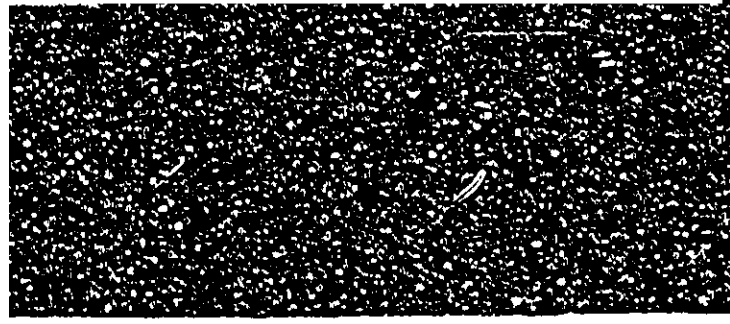
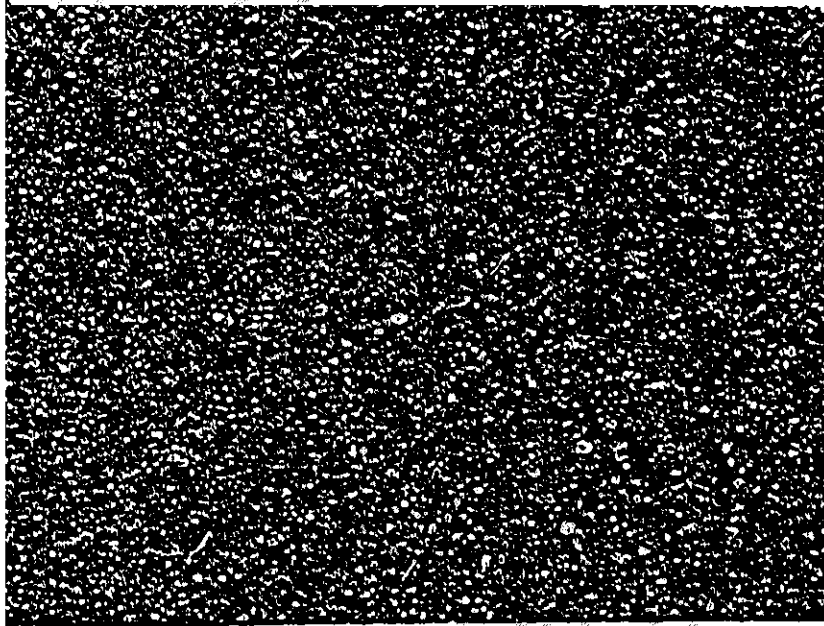
32-36-4

[] ADDITIONAL LEGAL(S) ON PAGE _____ OF DOCUMENT.

ASSESSOR'S PARCEL/TAX I.D. NUMBER: X P50423/360432-0-005-0001

[] TAX PARCEL NUMBER(S) FOR ADDITIONAL LEGAL(S) ON PAGE _____ OF DOCUMENT.

9905200196



CLAIM OF LIEN

Floor Show INC., claimant vs.
Rick & JJ Cully
name of person indebted to claimant:

Notice is hereby given that the person named below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. **NAME OF LIEN CLAIMANT:** Floor Show Inc.
TELEPHONE NUMBER: 560-293-4328
ADDRESS: 8012 S. MARSH POINT ROAD
ANAPRITES - WA 98021

2. **DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE:**
11-11-98

3. **NAME OF PERSON INDEBTED TO THE CLAIMANT:**
Rick & JJ Cully

4. **DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (Street address, legal description or other information that will reasonably describe the property):**
5720 N. Hwy 99
Burlington - WA 98233

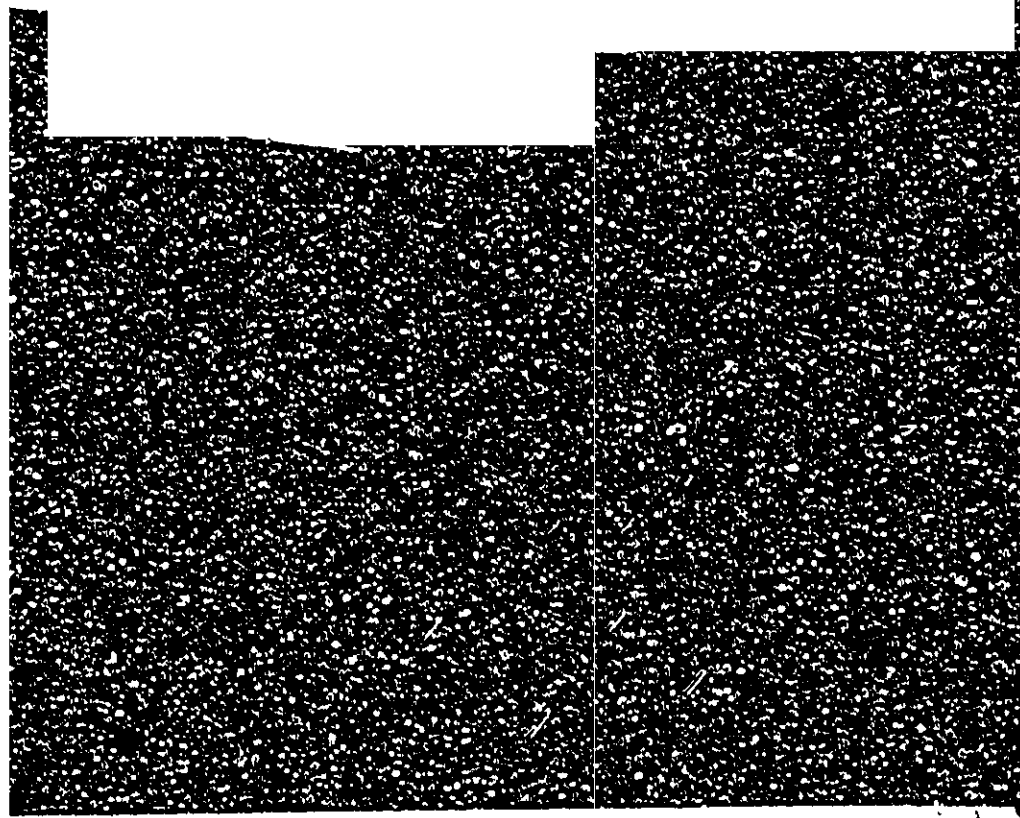
5. **NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"):** Rick & JJ Cully

6. **THE LAST DATE ON WHICH LABOR WAS PERFORMED; PROFESSIONAL SERVICES WERE FURNISHED; CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS FURNISHED:**
11-11-98

7. **PRINCIPLE AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:**
\$ 536.38

8. **IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE:** YES

UNOFFICIAL DOCUMENT



CANDACE FROST

Mark Frost, Claimant

Floor Show Inc - (360) 293-4328

8612 S. Marsh PT Rd. Anacortes - WA

(Phone number, address, city, and state of claimant) 98221

STATE OF WASHINGTON, COUNTY OF

SKagit, ss.

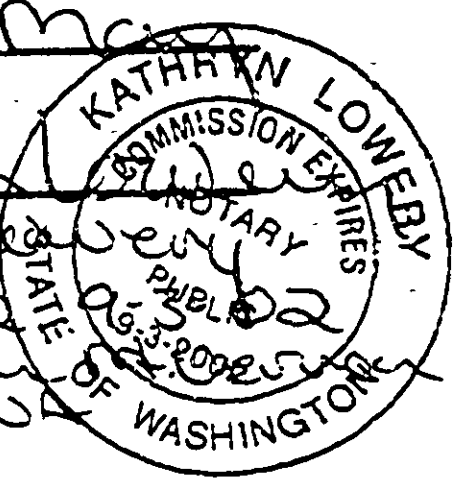
CANDACE FROST

MARK FROST - FLOOR SHOW INC, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury. CF

Candace Frost

Subscribed and sworn to before me this 20 day of May

Kathryn Lowery
Kathryn Lowery
Comm. exp. 06-30-02
residing in
State of WA



mp:rvdl ion.jsh

9905200196

BK | 993 PGU | 22