	SKATHY HILL R
	SKAG
RETURN TO:	99 JUN 17 AIO:46
PRIME SERVICE INC.	NECORDEDFILED
2302 E. "Q" ST.,	REQUEST OF
2302 L. 304 09421	
TACOMA, WA 98421	
	9906170028
`	1900170020
OFFICE INC.	
PRIME SERVICE, INC. Claimant	
VS.	ASSOCIATES CLAIM OF LIEN
B & L NELSON INC. / CAMPBEL	HOGUE & ASSOCIATION
Name of person se	he person named below claims a lien pursuant port of this lien, the following information is
Notice is hereby given that to	he person named below claims a nen pursuant he person he person named below claims a nen pursuant he person
to chapter our	
submitted.	Name of Owner SALEM VILLAGE L.L.O.
Name of Lien PRIME SERVICE, I	NC. Name of Control of
Name of Lieft Frame	NE #114
	5. Reputed Owner: 1200 112TH AVE. N.E., #114
1. Claimant: 2302 E. "Q" ST.,	0. 1.00 p
1. Olumber	Address: BELLEVUE, WA 98004
costa WA 98421	Address. Jane
Address: TACOMA, WA 98421	
	1 4 404 354 014
2	Certified #: Z 464 354 014
Telephone #: (253) 383-2836	
	t began to perform labor, provide professional nent or the date of which employee benefit
- subject the claimant	t began to perform labor, provide protession to be benefit ment or the date of which employee benefit MARCH 10, 1999
2. Date of willow or equipment of any case supply or equipment of the control of	nent of the date of
2. Date of willow services, supply or equipment of contributions became due	: WARCH TO SON INC. / CAMPBELL
hetdober:	to the claimant: B&L NELSON INCOME.
3. Name of person indebted	to the claimant: B&L NELSON INC. / CAMPBELL
HOGOL GIVE	
4 Description of the proper	ty against which a lien is Claimed? F MOUNT VERNON 8-94, ACCORDING TO THE RECORDS TE OF WASHINGTON.
A OF SHORT PLAT OF	MOUNT VERNON 8-94, ACCOUNT
LOT 2 OF SHORT PLAT OF OF SKAGIT COUNTY, STAT	re of Washing 1014.
- A V D A D (PL - # P 4 4 1 4 4 1 4 4 1 4 4 1 4 4 1 4 4 4 4	SALEM VILLAGE SENIOR APRIMENTS
COMMONY KNOWN AS:	ALL AVENIUME INF.
Commo	MOUNT VERNON, WA 98273
	MOUNT TELESCOPE TO A STATE OF THE PERSON OF

9906170028

BK2006 PG0220

6. This last date on which labor furnished; contributions to an or equipment was furnished:	was performed; professional s employee benefit plan were d	ervices were ue; or material	
APRIL 29, 1999			
7. Principal amount for which the lien is claimed is: \$5,048.49 + \$85.00 LIEN FEE = \$5,133.49			
8. If the claimant is the assignee	of this claim so state here:	NONE	
•			
	7301		
State of Washington, County	The state of the s		
of	OF WASHING		
KING, ss.	111111100		
(PRESIDENT OF CO	INSTRUCTION CREDIT CORP,	AGENT FOR	
JOY A. TANSEY ' , bein	ng sworn, says: I am the claim	ant (or attorney of	
the claimant or administrator, rep of an employee benefit plan) abo)Ve named: I have read or he	ard the foregoing	
claim, read and know the content correct and that the claim of lier	s thereof and believe the sa	me to be true and	
cause, and is not clearly excessive	e under penalty of perjury.		
	Joj fa	miles	
Subscribed and sworn to before r	ne this <u>16TH</u> day of <u>JUNE</u>	19 <u>99</u>	
	1 10.0	PLANIA	
	_ A William	MANA	
Notary Public in and for the State	of Washington, residing at:	SEATTLE	
9906170028	My Commission Expires: (
	BK 2006 PG	0221	