

Return Address:

A Arthur Young



199907260020

Kathy Hill, Skagit County Auditor

7/26/1999 Page 1 of 2 10:00:27AM

CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:

(please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) Skagit State Bank (2) _____ Add'l. on pg. _____

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg. _____

Legal Description (abbreviated): Finley Lane Townhouse Condo Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # P-111804 unit N-1 4696-000-001-0000

EAGLE ELECTRIC

Claimant

vs.

TAHA & ASSOCIATES

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: EAGLE ELECTRIC
TELEPHONE NUMBER: 360463451 ADDRESS: 777 LILLODET
LA CONNER WA 98257
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: 1-1-99
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TAHA & ASSOCIATES
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
703 FINLEY LANE LACONNER
RESIDENTIAL CONDOMINIUM SINGLE FAMILY DWELLING
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): TAHA & ASSOCIATES
TELEPHONE NUMBER: _____ ADDRESS: AS ABOVE
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: 6-6-99



Claim of Lien

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/96

MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

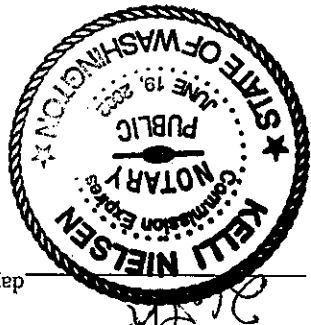
2. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$4,790.00

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

Claimant A. Arthur Young
Print or Type Name A. Arthur Young
Address 777 Alameda St
Alameda, CA 94601
Telephone Number (415) 466-3451

STATE OF WASHINGTON
County of Skagit
A. Arthur Young
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.

Date this 21st day of July 1997
Print Name Kelli Nielsen
Notary Public in and for the State of WA
My appointment expires: June 19, 2002



NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW

