Return Address:
A Arthur Young

199907260020
Kathy Hill, Skagit County Auditor
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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 4696-000-061-0000

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: 3604463451 ADDRESS: 777 LILLOOET CA 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 RESIDENLE CONOMINIUM 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

7. 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

A. Arthur Young
Claimant

A. ARTHUR YOUNG
Print or Type Name

777 GILLOOLY CT
Address

MACLEOD, WA 98257

(360) 466-3451
Telephone Number

STATE OF WASHINGTON }
} ss.
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.

A. Arthur Young

Date this 26th day of July, 1999

KELLI NIELSEN
Commission Expires
NOTARY
PUBLIC
JUNE 19, 2002
STATE OF WASHINGTON

Kelli Nielsen
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

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