

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P. O. BOX 449
EVERETT, WA 98206



199907260094

Kathy Hill, Skagit County Auditor
7/26/1999 Page 1 of 2 1:50:57PM

CLAIM OF LIEN

INNOVATIVE INTERIORS, INC.)
Claimant.)
VS)
MARKET CONTRACTORS LTD.)
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person 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: INNOVATIVE INTERIORS, INC.
TELEPHONE NUMBER: (360) 629-4239
ADDRESS: P. O. BOX 3142, ARLINGTON, WA 98223

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: FEBRUARY 17, 1999

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MARKET CONTRACTORS LTD., 6040 S. 194TH ST., KENT, WA 98032

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

ADDRESS: SAFEWAY # 593, 911 11TH ST., ANACORTES, WASHINGTON

LEGAL DESCRIPTION: TRACT 9 PLUS TRACT 10, LESS THE NORTH 20 FEET THEREOF AND TRACT 12 PLUS 10, ANACORTES TIDELANDS, TOGETHER WITH A PORTION OF 12TH STREET IN THE CITY OF ANACORTES, LYING WESTERLY OF THE WEST LINE OF 'Q' AVENUE AND EASTERLY OF THE EAST LINE OF COMMERCIAL AVENUE, VACATED UNDER ORDINANCE NO. 1702, RECORDS OF SKAGIT COUNTY, WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P32986.

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): SAFEWAY STORES, INC., 1850 DIABLO BLVD., #250, WALNUT CREEK, CA 94596

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: APRIL 27, 1999

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$6,950.95), PLUS INTEREST.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

Krista Carlson
For INNOVATIVE INTERIORS, INC., Claimant

P. O. BOX 3142
ARLINGTON, WA 98223
(360) 629-4239
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

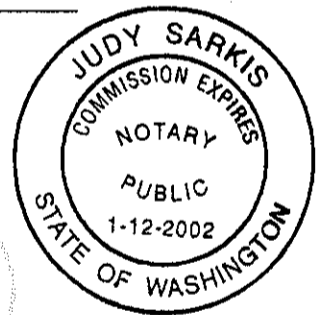
KRYSTAL CARLSON, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive under penalty of perjury.

Krystal Carlson

On this day personally appeared before me, KRYSTAL CARLSON, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 22 day of July, 1999.

Judy Sarkis
PRINTED NAME: JUDY SARKIS
NOTARY PUBLIC
in and for the State of Washington.
Residing in: STANWOOD.
My commission expires: 1/12/2002



order #070884, dated: 7-21-99



199907260094

Kathy Hill, Skagit County Auditor

7/26/1999 Page 2 of 2 1:50:57PM