

AFTER RECORDING RETURN TO:

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



199908100027

Kathy Hill, Skagit County Auditor
8/10/1999 Page 1 of 2 10:34:47AM

CLAIM OF LIEN

PHOENIX FOUNDATION)
Claimant.)
VS)
SHELTER COVE CONSTRUCTION, INC.)
(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: PHOENIX FOUNDATION
TELEPHONE NUMBER: 360-652-6085
ADDRESS: 15418 16TH AVE NW, MARYSVILLE, WA 98271
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: MAY 12, 1999
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: SHELTER COVE CONSTRUCTION, INC., 14007 NE 181ST ST # A-204, WOODINVILLE, WA 98072
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 3610 SENECA DR, MOUNT VERNON, WASHINGTON
LEGAL DESCRIPTION: LOT 14, PARK MEADOWS, ACCORDING TO THE PLAT RECORDED IN VOLUME 16 OF PLATS, PAGE 82, RECORDS OF SKAGIT COUNTY, WASHINGTON
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P108317.
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): BRANDT-ROCK CORPORATION, 14309 NE WOODINVILLE-DUVALL RD, WOODINVILLE, WA 98072
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: MAY 19, 1999
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$1,793.68, PLUS \$60.00 LIEN FEES, (TOTAL \$1,853.68), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

Kathy Hill

For PHOENIX FOUNDATION, Claimant

15418 16TH AVE NW
MARYSVILLE, WA 98271
360-652-6085
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

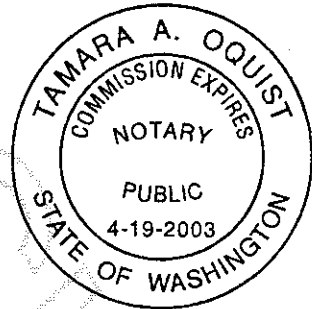
CATHY PHILLIPS, being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and that the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

Cathy Phillips

On this day personally appeared before me, CATHY PHILLIPS, 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 5 day of August, 1999.

Tamara A. Oquist
PRINTED NAME: TAMARA A. OQUIST
NOTARY PUBLIC
in and for the State of Washington.
Residing in: ARLINGTON.
My commission expires: 4-19-2003



order #080161, dated: 8-4-99