



Kathy Hill, Skagit County Auditor
11/1/1999 Page 1 of 2 10:56:37AM

Return Address:

DAHLMAN PUMP & WELL DRILLING INC
P O BOX 422
BURLINGTON WA 98233

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) TWO BOBS DAIRY (2) MARK VANBEEK Add'l. on pg

Grantee(s) (Claimant(s)): (1) DAHLMAN PUMP & WELL DRILLING INC Add'l. on pg

Legal Description (abbreviated): SE¹/₄ NE¹/₄ S6 T35 R4E Add'l. legal is on page

Assessor's Property Tax Parcel /Account # 350406-0-030-0003

DAHLMAN PUMP & WELL DRILLING INC

Claimant

vs.

TWO BOBS DAIRY/MARK VANBEEK

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: DAHLMAN PUMP & WELL DRILLING INC
TELEPHONE NUMBER: (360) 757-6666 ADDRESS: P O BOX 422
BURLINGTON WA 98233
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: AUGUST 24, 1999
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TWO BOBS DAIRY/MARK VANBEEK
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal
description or other information that will reasonably describe the property):
SE¹/₄ NE¹/₄ S6 T35 R4E 617 N GREEN ROAD ROAD, BURLINGTON, WA 98233
TAX ACCT # 350406-0-030-0003 P35873 TWO BOBS DAIRY/
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): MARK VANBEEK
TELEPHONE NUMBER: (360) 724-4303 ADDRESS: 617 N GREEN ROAD,
BURLINGTON WA 98233
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: AUGUST 24, 1999

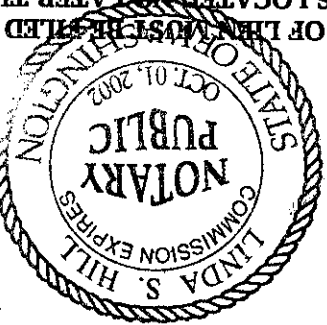


Claim of Lien

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

NOTE: THE CLAIM OF THE MOST RECENTLY 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.



Print Name Linda S. Hill
Notary Public in and for the State of Washington
My appointment expires: 10/01/02

Date this 29th day of October 1999
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.

County of Skagit
SS. [Signature]
STATE OF WASHINGTON

Claimant [Signature]
DAHIMAN PUMP & WELL DRILLING, INC.
Print or Type Name
P O BOX 422
Address
BURLINGTON WA 98233
Telephone Number
(360)757-6666

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1221.09
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: