

PLEASE RECORD AND RETURN TO:  
LienData USA, Inc. Agents For  
P.O. Box 1120  
Bothell, WA 98041-1120  
=====



199911170010  
Kathy Hill, Skagit County Auditor  
11/17/1999 Page 1 of 2 9:28:36AM

**CLAIM OF LIEN**

GTS DRYWALL SUPPLY CO.,  
CLAIMANT,  
VS.  
BULLNOSEN' IT DRYWALL,  
PERSON OR PERSONS  
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: **GTS Drywall Supply Co.**  
ADDRESS: **1524 Market Street**  
TELEPHONE NUMBER: **Kirkland, WA 98033**  
**(425) 828-0608**
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 6, 1999**
3. NAME OF PERSON INDEBTED TO CLAIMANT:  
**BULLNOSEN' IT DRYWALL**  
**4256 NORTHGATE DR.**  
**OAK HARBOR, WA 98277**
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS  
CLAIMED (Street address, legal description or other  
information that will reasonably describe the  
property): **FOREST HILLS PUD LOT 10**  
  
Commonly Known As: **PARCEL # P114075**  
**REF # 4727-000-010-0000**  
**2302 42ND PL**  
**ANACORTES, SKAGIT County**  
**Washington**
5. NAME OF THE OWNER OR REPUTED OWNER:  
**RICHARD & KATHRYN POSTERA**  
**P O BOX 1841**  
**ANACORTES, WA 98221**

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 17, 1999**

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN  
IS CLAIMED IS: **\$3,722.03** plus interest  
plus filing fees

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE  
HERE: **Not Applicable.**

DATED this 15th day of November, 1999.

LienData USA, Inc.  
AGENT FOR CLAIMANT  
P.O. Box 1120  
Bothell, WA 98041-1120

GTS Drywall Supply, Co.  
CLAIMANT  
1524 Market Street  
Kirkland, WA 98033  
(425) 828-0608

STATE OF WASHINGTON )  
 ) ss.  
COUNTY OF KING )


JACKIE Coghlan, 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.

  
\_\_\_\_\_  
JACKIE COGHLAN

SUBSCRIBED AND SWORN to before me this 15th day of November, 1999.

P. JAMES COGHLAN  
STATE OF WASHINGTON  
NOTARY --- PUBLIC  
MY COMMISSION EXPIRES 3-23-03

  
\_\_\_\_\_  
P. JAMES COGHLAN  
NOTARY PUBLIC in and for the  
State of Washington  
residing at KIRKLAND.  
My Commission expires: 03/23/03.



199911170010  
Kathy Hill, Skagit County Auditor  
11/17/1999 Page 2 of 2 9:28:36AM