



199912230056

Kathy Hill, Skagit County Auditor

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

GALE INDUSTRIES, INC. DBA: SONO-
THERM INSULATION,
CLAIMANT,

VS.

CLAUDE'S CARPET CARE, INC.,
Person or Persons,
Indebted to Claimant,

CLAIM OF LIEN

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: **Gale Industries, Inc.**
ADDRESS: **DBA: Sono-Therm Insulation**
PO Box 225
Marysville, WA 98270
TELEPHONE NUMBER: **(360) 659-7674**
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: **October 19, 1999**
3. NAME OF PERSON INDEBTED TO CLAIMANT:
Claude's Carpet Care, Inc.
1550 Port Dr.
Burlington, FWA 98233
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS
CLAIMED (Street address, legal description or other
information that will reasonably describe the
property): **BURLINGTON THE E 5 FT OF THE W 15 FT OF N**
54 FT OF LT 16 EXC THE W 15 FT THOF & LTS 17 & 18 BLK
80 DK 12

Commonly Known As: **Parc #P71867**
1129 E Rio Vista Ave
Burlington, Skagit County WA
5. NAME OF THE OWNER OR REPUTED OWNER:
Elwood J. Watson
1129 E Rio Vista Ave, 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: **October 19, 1999**

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN
IS CLAIMED IS: **\$700.00** PLUS INTEREST
PLUS LIEN FEES

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

DATED this 21st day of December, 1999.

LienData USA, Inc.

AGENT FOR CLAIMANT

P.O. Box 1120

Bothell, WA 98041-1120

Gale Industries, Inc.

DBA: Sono Therm Insulation

CLAIMANT

PO Box 225

Marysville, WA 98270

(360) 659-7674


STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

Tiffany 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.


Tiffany Coghlan

SUBSCRIBED AND SWORN to before me this 21st day of December,
1999.


Jackie Coghlan
NOTARY PUBLIC in and for the
State of Washington
residing at Lynnwood.
My Commission expires: 02/04/01




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