

Return Address:



200001070084

Kathy Hill, Skagit County Auditor

1/7/2000 Page 1 of 2 1:42:35PM

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) Shelter Cove Const. (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) R+S PAINTING (2) _____ Add'l. on pg _____

Legal Description (abbreviated): SHAMROCK PLACE Lot #3 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account # 4714-000-003-0000 P112947

R+S PAINTING Claimant
 vs.
Shelter Cove Const. 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:

- NAME OF LIEN CLAIMANT: R+S PAINTING
 TELEPHONE NUMBER: 360-855-0304 ADDRESS: 110 WARNER ST. Sedro-Woolley, WA 98284
- 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: 11/99
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Shelter Cove Const.
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): SHAMROCK PLACE Lot #3
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Shelter Cove Const.
 TELEPHONE NUMBER: 425-483-1109 ADDRESS: 14007 N.E. 181 ST A204 Woodinville, WA 98072
- 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: 11/15/99



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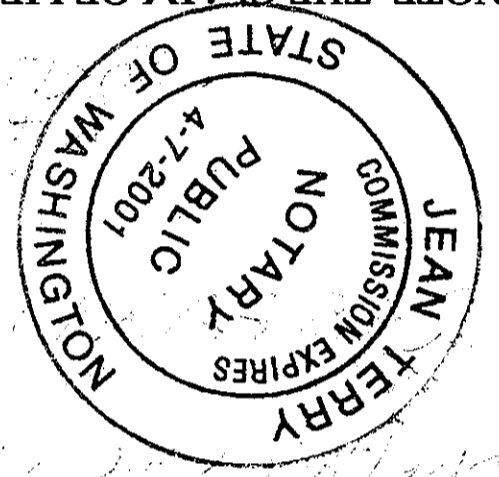


MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER

Claim of Lien Page 2 of 2



NOTE: THE CLAIM OF LIEN MUST BE 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.



My appointment expires: 4-7-2001

Notary Public in and for the State of WA

Print Name Jean Terry

Signature of Notary

Signed and sworn to before me on this 7th day of January, 2000

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. Rick Matthews

STATE OF WASHINGTON } County of Skagit ss. Rick Matthews

Claimant: RAS PAINTING
Rick Matthews
Print or Type Name: 110 WALKER ST.
Address: 5000-10000, WA 98284
Telephone Number: 360-855-0304

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1,800/All court costs legal fees.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: NO