



200003060035

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
=====

CLAIM OF LIEN

GALE INDUSTRIES, INC.
dba: SONO-THERM INSULATION,
CLAIMANT,
VS.
KAALAND CONSTRUCTION.
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: **Gale Industries, Inc.**
ADDRESS: **dba: Sono-Therm Insulation**
P.O. 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: **December 23, 1999**
3. NAME OF PERSON INDEBTED TO CLAIMANT:
Kaaland Construction
P O Box 23
Burlington, WA 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): **FIRST TO SEDRO E 20FT LT 5 ALLLT 6 &**
W 1/2 LT 7 BLK 40

Commonly Known As: **Parc #P75776**
1119 Warner Street
Sedro Woolley, Skagit County, WA
5. NAME OF THE OWNER OR REPUTED OWNER:
Denise F Engberg-Edin
1119 Warner Street
Sedro Woolley, WA 98284

- 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: **December 23, 1999**
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: **\$875.01** **plus filing fees plus interest**
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: **Not Applicable.**

DATED this 3rd day of March, 2000.

LienData USA, Inc.
 AGENT FOR CLAIMANT
 P.O. Box 1120
 Bothell, WA 98041-1120
 (425) 814-3134

Gale Industries, Inc.
 dba: Sono-Therm Insulation
 CLAIMANT
 P.O. Box 225
 Marysville, WA 98270
 (360) 659-7674

STATE OF WASHINGTON)
) ss.
 COUNTY OF KING)

Lois A 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.

Lois A Coghlan

 Lois A Coghlan

SUBSCRIBED AND SWORN to before me this 3rd day of March, 2000.

Jackie Coghlan

 Jackie Coghlan
 NOTARY PUBLIC in and for the
 State of Washington
 residing at Lynnwood.
 My Commission expires: 2/04/01.



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