

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.  
P. O. BOX 449  
EVERETT, WA 98206



200003070107

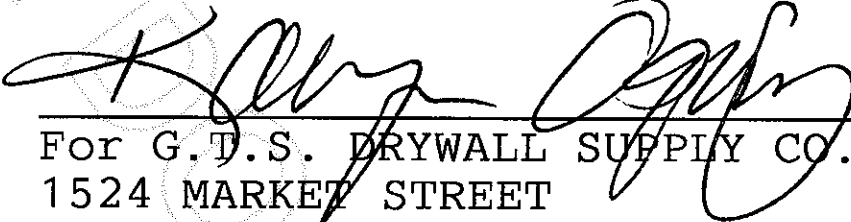
Kathy Hill, Skagit County Auditor  
3/7/2000 Page 1 of 2 11:51:18AM

CLAIM OF LIEN

G.T.S. DRYWALL SUPPLY CO. )  
Claimant. )  
VS )  
FIRSTWALL )  
(Name of person indebted to claimant)

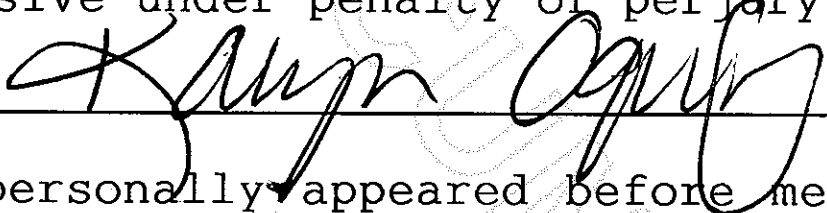
NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: G.T.S. DRYWALL SUPPLY CO.  
TELEPHONE NUMBER: (425) 828-0608  
ADDRESS: 1524 MARKET STREET, KIRKLAND, WA 98033
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 9, 1999
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: FIRSTWALL, 2009 'F' ST., STE A, BELLINGHAM. WA 98225
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 1308 BURLINGTON BLVD., BURLINGTON, WASHINGTON  
LEGAL DESCRIPTION: LOT 2 OF CURLINGTON BINDING SITE  
PLAN 2-97, AS RECORDED UNDER AUDITOR'S FILE NO. 9712180060, RECORDS OF SKAGIT COUNTY, WASHINGTON  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P112832.
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): TACO BELL OF AMERICA CO. LLC, P.O. BOX 35370, LOUISVILLE, KY 40232 / TRICON GLOBAL, 8135 161ST AVE NE, REDMOND, WA 98052
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 27, 1999
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$4,728.58, PLUS \$150.00 LIEN FEES, (TOTAL \$4,878.58), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

  
For G.T.S. DRYWALL SUPPLY CO., Claimant  
1524 MARKET STREET  
KIRKLAND, WA 98033  
(425) 828-0608  
(Phone Number, Address, City/State of Claimant)

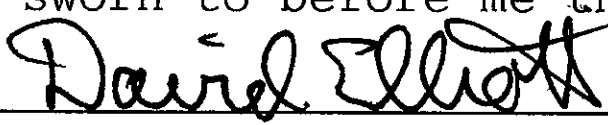
STATE OF WASHINGTON       )  
  ) ss  
COUNTY OF SNOHOMISH     )

KARYN OQUIST, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

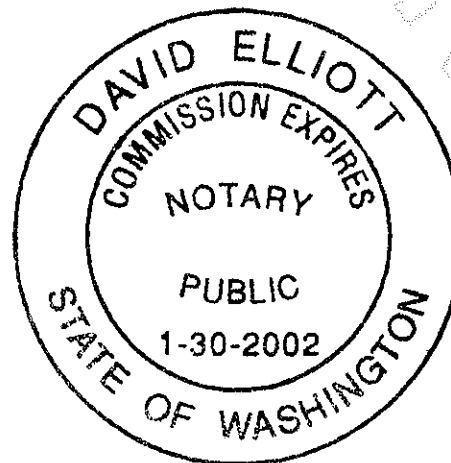
  
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On this day personally appeared before me, KARYN OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 3 day of March, 2000.

  
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PRINTED NAME: DAVID ELLIOTT  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: MOUNTLAKE TERRACE.  
My commission expires: 1/30/2002

order #021220,       dated: 2-28-2000



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Kathy Hill, Skagit County Auditor

3/7/2000 Page 2 of 2 11:51:18AM