



200004030040

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.
SECONDWIND & ASSOCIATES, INC.,
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: **January 12, 2000**
3. NAME OF PERSON INDEBTED TO CLAIMANT:
Secondwind & Associates, Inc.
P.O. Box 211
Sedro Woolley, WA 98284
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS
CLAIMED (Street address, legal description or other
information that will reasonably describe the
property): **REF #4152-101-003-0001, TOWNSHIP OF SEDRO**
BLK 101 LOT 3 & TH W 1/2 OF LOT 2 S 25 T35 R 4 SE 1/4
OF THE NE 1/4

Commonly Known As: **Parc #P76176**
831 Alexander St
Sedro Woolley, Skagit County, WA
5. NAME OF THE OWNER OR REPUTED OWNER:
Secondwind & Associates LLC
P.O. Box 211
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: **January 25, 2000**
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: **\$1,971.06** **plus filing fees plus interest**
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: **Not Applicable.**

DATED this 31st day of March, 2000.

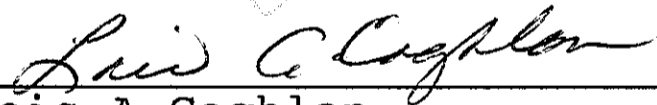
LienData USA, Inc.
AGENT FOR CLAIMANT
P.O. Box 1120
Bothell, WA 98041-1120
(425) 814-3134

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

SUBSCRIBED AND SWORN to before me this 31st day of March, 2000.


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



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