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Kathy Hill, Skagit County Auditor
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AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

US FILTER CORP.)
Claimant.)
VS)
SLIGAR CONSTRUCTION)
(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: US FILTER CORP.
TELEPHONE NUMBER: 800-884-5505
ADDRESS: PO BOX 1264, PUYALLUP, WA 98371-0237

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 21, 1999

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: SLIGAR CONSTRUCTION, 22757 GUNDERSON RD, MT VERNON, WA 98273

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

ADDRESS: TJ TOWNHOUSE, 3009 E COLLEGE WAY, MT VERNON, WASHINGTON

LEGAL DESCRIPTION: THE WEST 165 FEET OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 16, TOWNSHIP 34 NORTH, RANGE 4 EAST W.M., LESS ROAD AND EXCEPT A ROAD RIGHT OF WAY FOR 30TH STREET OVER AND ACROSS THE WEST 30 FEET OF THE WEST 5 ACRES OF THE WEST HALF OF THE WEST HALF OF THE SOUTHWEST QUARTER OF THE NORTHEAST QUARTER AND EXCEPT STATE HIGHWAY RIGHT OF WAY AND EXCEPT STATE ROUTE 538 RIGHT OF WAY.

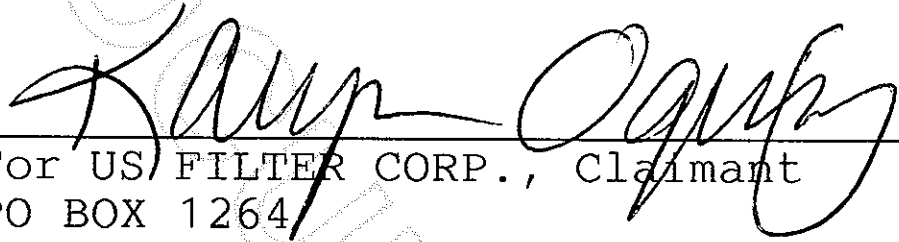
SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P24986.

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): PASQUALE J SENATORE, 14300 BEAVER MARSH RD, MT VERNON, WA 98273 AND PO BOX 1345, MT VERNON, WA 98273

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: MARCH 13, 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$34,295.22, PLUS \$70.00 LIEN FEES, (TOTAL \$34,365.22), PLUS INTEREST.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.


For US FILTER CORP., Claimant
PO BOX 1264
PUYALLUP, WA 98371-0237
800-884-5505

(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.

Karyn Oquist

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 April, 2000.

David Elliott

PRINTED NAME: DAVID ELLIOTT

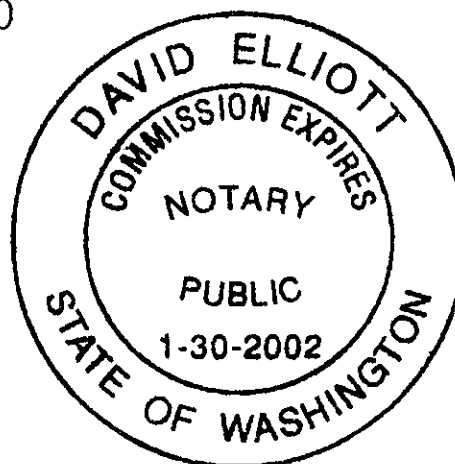
NOTARY PUBLIC

in and for the State of Washington.

Residing in: MOUNTLAKE TERRACE.

My commission expires: 1-30-2002

order #031543, dated: 3-30-00



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