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Kathy Hill, Skagit County Auditor
4/20/2000 Page 1 of 2 2:45:08PM

Return Address:
1751 W. Ft. Nugent Rd.
Oak Harbor WA. 98277

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) _____ (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg___

Legal Description (abbreviated): LT 2 Survey #9904230058 VL21 Pg 187 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # ~~3809-401-010-0104~~ ~~P58373~~
3809-401-010-0200 P116201

Claimant

John R. COX + Associates LLC vs.

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:

1. NAME OF LIEN CLAIMANT: MOODY ROOFing
TELEPHONE NUMBER: 679-4817 ADDRESS: 1751 W. Ft. Nugent Rd.
Oak Harbor WA. 98277

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: _____

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John P COX + Associates

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 3912 Oaks Ave Lot 2
Anacortes WA. 98221, House

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John R. COX + Associates
TELEPHONE NUMBER: 293-9426 ADDRESS: P.O. Box 456 Anacortes WA. 98221

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: Last date labor was performed (April) Mar. 2, 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $4950.00 + Tax

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____

Moody Roofing
Claimant

Stephen Moody
Print or Type Name

1951 W. Ft. Nugent Rd. O.H. WA. 98277
Address

679-4817
Telephone Number

STATE OF WASHINGTON }
} ss.
County of Skagit }

Stephen Moody, 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.

Stephen Moody

Signed and sworn to before me on this 20th day of April 2000.

Tracy Zavala

Print Name Tracy Zavala

Notary Public in and for the State of WA

My appointment expires: 10-1-01

Residing in Burlington

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.

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