

200004200065

Kathy Hill, Skagit County Auditor

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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):	add'l. legal is on page	
Assessor's Property Tax Parcel / Account #		

LT 2 Survey # 9904230058 VL21 Pg 127
3809-401-010-0104 1258373
3809-401-010-0200 P116201

John R. COX + Associates vs. LLC
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: 678-4817 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 R. 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"):
TELEPHONE NUMBER: 293-9426 ADDRESS: John R. COX + Associates
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. 8, 2000

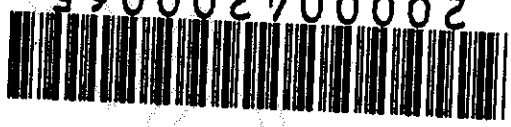
Claim of Lien
Page 1 of 2

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

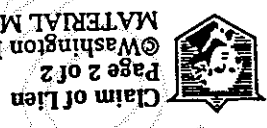
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

My appointment expires: 10-1-01
Residing in Burlington
Print Name Michael J. Zavala
Notary Public in and for the State of WA

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

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.

STATE OF WASHINGTON
County of Skagit
SS. Stephen Moody

Claimant Moody Roofing
Print or Type Name Stephen Moody
Address 1751 W. H. Wagent Rd. O.H. WA. 98277
Telephone Number 679-4817

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: _____