

Return Address:

200005010191
Kathy Hill, Skagit County Auditor
5/1/2000 Page 1 of 2 4:23:42PM

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): RANCHO SAN JUAN DEL MAR SUB-DIV 9 Y2 INT IN TR M 9 ALSO 2nd class TDL-NOS INFR LT 9 Add'l. legal is on page

Assessor's Property Tax Parcel /Account # P68414

Flood Shaw Inc

Claimant

vs.

Doug & Lisa Ford

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: Flood Shaw Inc.
TELEPHONE NUMBER (360) 293-4328 ADDRESS: 8612 S. March's Pt. Rd.
ANACORTES, WA. 98221
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: 11-8-98
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Doug & Lisa Ford
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 1168 A LAURA JO LANE
ANACORTES, WA. 98221
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Doug & Lisa Ford.
TELEPHONE NUMBER (360) 293-7323 ADDRESS: 1168 A LAURA JO LANE
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: 4/20/00

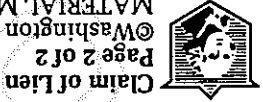


Claim of Lien
Page 1 of 2

©Washington Legal Blank, Inc., Issaquah, WA Form No. 90 10/98

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

www.walegalblank.com



5/1/2000 Page 2 of 2 4:23:42PM

Kathy Hill, Skagit County Auditor

200005010191



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

Notary Public in and for the State of WA

Print Name Judy Zavala

Judy Zavala

day of May 2000

Signed and sworn to before me on this

under penalty of perjury. 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. 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.

Candace Frost

SS.

County of

STATE OF WASHINGTON

Claimant Floor Show Inc.
Print or Type Name Candace Frost
Address 8612 S. March's Pt. Rd.
Husacates, WA. 98221
Telephone Number (360) 293-4328

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$3,480.08
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: yes.