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Kathy Hill, Skagit County Auditor
5/11/2000 Page 1 of 2 1:22:55PM

Return Address:
MT Baker Roofing, Inc.
5959 Hannegan Rd.
Bellingham, WA 98226

Invoice # 3064

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) Traditional Home Const. (2) Daniel + Deborah Boffey Add'l. on pg___
Grantee(s) (Claimants): (1) MT Baker Roofing Inc (2)___ Add'l. on pg___
Legal Description (abbreviated): Cedar Ridge Estates Div II Lot 2 Add'l. legal is on page___
Assessor's Property Tax Parcel / Account # P105698

MT Baker Roofing, Inc.
Daniel + Deborah Boffey Claimant
vs.
Traditional Home Const.
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: MT Baker Roofing Inc.
TELEPHONE NUMBER: 360 398-2185 ADDRESS: 5959 Hannegan Rd
Bellingham, WA 98226

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: February 11 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Daniel + Deborah Boffey Traditional Home Const.

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Cedar Ridge Estates Division 1 Lot 2

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Daniel Hanley
TELEPHONE NUMBER: Unknown ADDRESS: 6316 24th Ave NW
Seattle, WA 98107

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: February 15 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $5,300.00 plus interest

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

MT Baker Roofing, Inc.
Claimant

Diana L. Johnson Vice Pres
Print or Type Name

5454 Hannegan Rd
Address

Bellingham WA 98226

360-398-2135
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

Diana L. Johnson, Vice Pres: , 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.

Diana L. Johnson

Signed and sworn to before me on this 11th day of May, 2000.

Heidi Parrish

Print Name Heidi Parrish

Notary Public in and for the State of Washington

My appointment expires: 2-2-2004

NOTARY PUBLIC STATE OF WASHINGTON HEIDI PARRISH COMMISSION EXPIRES 2-2-2004

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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