

Return Address:

Insulpro Specialties
3415 James Street
Bellingham, WA 98226



200005310096
Kathy Hill, Skagit County Auditor
5/31/2000 Page 1 of 2 1:10:58PM

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): Skyline #7 Lot 26 together w/ tide lands adjacent Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account #: 59606 / 3823-000-026-0009

Insulpro Specialties

Claimant

Traditional Home Construction

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: Insulpro Specialties
TELEPHONE NUMBER: 360-676-0409 ADDRESS: 3415 James Street
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: 2/15/00
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Traditional Home Construction
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 5509 Doon Way - Skyline #7, Lot 26 together with tide lands adjacent
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): UNKNOWN
TELEPHONE NUMBER: _____ ADDRESS: _____
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: 4/4/00



Claim of Lien

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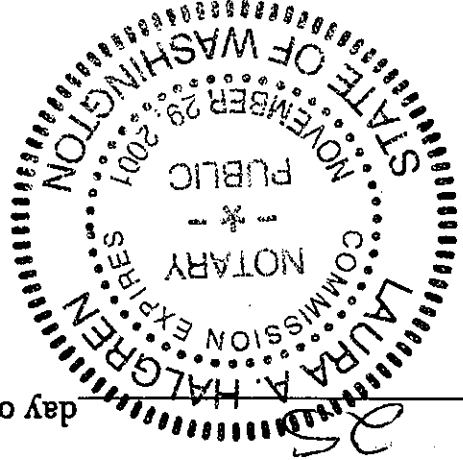
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

Kathy Hill, Skagit County Auditor

200005310096



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 PR



My appointment expires: 11-29-2001

Notary Public in and for the State of WA

Print Name Laura A. Halgren

Laura A. Halgren

May 25, 2000 day of

Date this

Amy A. Martinez
being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

Amy A. Martinez
County of

SS.

STATE OF WASHINGTON

Claimant
Insupro Specialties
3415 Jones St.
Bellingham, WA 98226
360-676-0409
Telephone Number

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS:

\$2473.00