Return Address:
Insulpro Specialties
3415 James Street
Bellingham, WA 98226

200005310097
Kathy Hill, Skagit County Auditor
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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): Bridle Trail Estates Lot 5 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P108532/4670-000-005-0000

Insulpro Specialties
Claimant
vs
Traditional Homes 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: 360.676.0909 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: 4/17/00

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): 4099 Sharpe Rd, Anacortes, WA. - Bridle Trail Estates Lot 5

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: 4/18/00

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $3350.00

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

Claimant

Insulpro Specialties

Print or Type Name

3415 Iowa Street

Address

Bellingham, WA 98226

360-676-0409

Telephone Number

STATE OF WASHINGTON }
} SS.
County of _____

Amy A. Martinez, 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.

Amy A. Martinez

Date this 25 day of May, 2000.

Laura A. Halgren

Print Name Laura A Halgren

Notary Public in and for the State of WA

My appointment expires: 11-29-2001

LAURA A. HALGREN NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES NOVEMBER 29, 2001

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 [illegible] TION TO ANY NOTICE REQUIREMENTS THAT MAY BE PRO[illegible]

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