Return Address:
MT Baker Roofing, Inc
5459 Hannegan Rd
Bellingham, WA 98226
invoice # 3632

200006140153
Kathy Hill, Skagit County Auditor
6/14/2000 Page 1 of 2 2:33:50PM

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 Homes (2) _____ Add'l. on pg ___
Grantee(s) (Claimants): (1) MT Baker Roofing Inc (2) _____ Add'l. on pg ___
Legal Description (abbreviated): 3708 W 12th St Anacortes Lot #26 Rock Ridge Add'l. legal is on page ___
Assessor's Property Tax Parcel /Account # P114062

MT Baker Roofing Inc
Claimant
vs.
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: MT Baker Roofing Inc
TELEPHONE NUMBER: 360-398-2135 ADDRESS: 5459 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: June 6 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: 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): 3708 W. 12th Anacortes Northern Pacific to Anacortes Lot 26 Survey of Rock Ridge Auditor's # 9812030129 being a portion of Blocks 1318-1323 and Blocks 1121-1125

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): David and Julie White
TELEPHONE NUMBER: unknown ADDRESS: Unknown

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: June 9 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 3,680.00 plus interest

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

MT Baker Roofing Inc.
Claimant

Diana L Johnson
Print or Type Name

5454 Hunnegun Rd.
Address

Bellingham, WA 98226

360 398-2135
Telephone Number

STATE OF WASHINGTON }
} ss.
County of Whatcom }

Diana L Johnson, 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 VP

Signed and sworn to before me on this 14 day of June, 2000.

NOTARY PUBLIC
T-15-03
STATE OF WASH

Print Name TERRI VANDYKE

Notary Public in and for the State of Washington

My appointment expires: 7-15-2003

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.

200006140153
Kathy Hill, Skagit County Auditor
6/14/2000 Page 2 of 2 2:33:50PM