After Recording Return to:
Frontier Industries Inc.
909 26th Street
Anacones WA 98221

200007210062 Kathy Hill, Skagit County Auditor 7/21/2000 Page 1 of 2 3:01:13PM

CLAIM OF LIEN

		The state of the s			1
Grantor (Owner of property whose property is being liened):			Daniel Boffey	elba Traditional t	tomes
Grant	iee (Na	me of lien claimant):	Frontier Indu	stries Inc.	·
Abbreviated Legal Description (e.g. "Lot 1, Block 2,):		-	Marine Heigh	15, Lot 32 Acres	s 0.33
Assessor's Property Tax Parcel/Account No.:		• •	P 11170		
60.04.	Notice is hereby given that the person named below claims a Lien pursuant to RCW Ch. In support of this Lien, the following information is submitted.				
'	1. Name of Lien Claima		m: <u>Frontier</u>	Industries, Inc	
		Address:	909 2	-10th Street	
			Anacort	es, WA 98221	
>		Telephone Number:	360-20	73-4595	
	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: $2-18-00$			
		Nama of name on an	utugatan in dahta data alain		
	3.		ntractor indebted to claim Lydba Traditi		
)		•

<i>₹</i> //_ /_4.	Description of the property against which a Lien is claimed (street address, legal lescription or other information that will reasonably describe the property):			
	4113 Ellisport Place Anacortes			
	Marine Heights Lot 32 Acres 0.33			
5.	Name of the owner or reputed owner (if not known state "unknown"):			
	Daniel Boffey dba Traditional Homes			
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:			
1	5/3/00			
7.	Principal amount for which the Lien is claimed is: \$ 6870.25 + Legal			
8.	If the claimant is the assignee of this claim so state here:			
	□ No			
	Yes. State name of Assignor:			
STATE OF WA				
COUNTY OF _	Lagit)			
the claimant abo	ve named; I have read or heard the foregoing claim, read and know the contents thereof, and believe			
the same to be tr	ue and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is sive under penalty of perjury.			
	Office Decare			
	Claimant or Attorney Sergeron			
> :				
SUBSC	CRIBED AND SWORN TO before me this 21 day of July 19 2000			
	\mathcal{A} : \mathcal{A} = \mathcal{A} \mathcal{A} = \mathcal{A}			
	Print Name: hucille Wostafavi-Wassab			
	NOTARY PUBLIC in and for the State of Washington Residing at: Hacortes			
	My commission expires: <u>04-03-01</u>			

200007210062 Kathy Hill, Skagit County Auditor 7/21/2000 Page 3:01:13PM