200009260035 , Skagit County Auditor 9/26/2000 Page 1 of 2 · 10:30:43AM

AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P. O. BOX 449
EVERETT, WA 98206

CLAIM OF LIEN

| LAKESIDE | | IES |) |
|-----------|--------|----------------|----------|
| Claimant. | | |) |
| | V | S |) |
| BBG GROUE | | |) |
| (Name of | person | indebted to cl | Laimant) |

NOTICE IS HEREBY GIVEN that the person 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: LAKESIDE INDUSTRIES TELEPHONE NUMBER: (360) 293-2168
 ADDRESS: P.O. BOX 729, ANACORTES, WA 98221
- 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 30, 2000
- 3. NAME OF PERSON INDEBTED TO THE CLAIMANT: BBG GROUP, 5715 GILKEY AVE., BOW, WA 98232
- 4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

ADDRESS: PEREGRINE LANE, 18419 PEREGRINE LANE, MOUNT VERNON, WASHINGTON

LEGAL DESCRIPTION: LOT 28, CASCADE RIDGE P.U.D., ACCORDING TO THE PLAT RECORDED IN VOLUME 14 OF PLATS, PAGE 112, RECORDS OF SKAGIT COUNTY, WASHINGTON.

SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P83878.

- 5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): KEVIN E & KARI J WARE, 1627 VERNON RD., LAKE STEVENS, WA 98258
- 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 30, 2000
- 7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$15,609.44, PLUS \$150.00 LIEN FEES, (TOTAL \$15,759.44), PLUS INTEREST.
- 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

For LAKESIDE INDUSTRIES, Claimant P.O. BOX 729

ANACORTES, WA 98221 (360) 293-2168

(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON COUNTY OF SNOHOMISH

DAVID ELLIOTT, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

On this day personally appeared before me, DAVID ELLIOTT, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 25 day of September, 2000.

PRINTED NAME: JUDY SARKIS

NOTARY PUBLIC

in and for the State of Washington.

Residing in: STANWOOD.

My commission expires: 1-12-2002

order #091118, dated: 9-20-00

, Skagit County Auditor 10:30:43AM 9/26/2000 Page