

Return Address:

Insulpro Specialties Inc  
17661-128th PINE  
Woodinville WA 98072



200009260039

Skagit County Auditor

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### CLAIM OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.16 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): \_\_\_\_\_ Add'l. legal is on page \_\_\_\_\_

Assessor's Property Tax Parcel /Account # P 13313

Insulpro Specialties Inc  
Claimant  
vs.  
RBS 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:

- NAME OF LIEN CLAIMANT: Insulpro Specialties Inc  
TELEPHONE NUMBER: 425-486-3499 ADDRESS: 17661-128th PINE  
Woodinville WA 98072
- 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: 6-19-00
- NAME OF PERSON INDEBTED TO THE CLAIMANT: RBS Construction
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Fidalgo City  
6035 Central Avenue Anacortes WA 98221  
6035 Central Avenue Anacortes WA 98221  
6035 Central Avenue Anacortes WA 98221
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Same  
TELEPHONE NUMBER: 360-440-7272 ADDRESS: 6035 Central Avenue  
Anacortes WA 98221
- 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: 6-26-00



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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.

Print Name Laura A. Halgren  
Notary Public in and for the State of WA  
My appointment expires: 11-29-2001



Date this 19 day of Sept, 2000

Jerry D. Masters, 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.

County of King  
Jerry Masters

SS. }

STATE OF WASHINGTON

Claimant Jerry D. Masters  
General Manager  
Print or Type Name Insulpro Specialties Inc  
Address 17601-128th Pl NE  
Woodinville WA 98072  
Telephone Number 425-486-3499

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$ 1,557.71  
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: