200010180069
, Skagit County Auditor
10/18/2000 Page 1 of 2 2:12:08PM

Return Address:
Pacific Dirtworks Incorporated
P.O. Box 743
Everson, WA 98247

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 Const Inc (2) _____ Add'l. on pg ___
Grantee(s) (Claimants): (1) Pacific Dirtworks Inc (2) Brad & Jana Hooper Add'l. on pg ___
Legal Description (abbreviated): 4108 Marine Heights Way, Anacortes Add'l. legal is on page ___
Assessor's Property Tax Parcel /Account # P111711/4695-000-033-0000

Pacific Dirtworks Incorporated
Claimant
vs.
Traditional Homes Construction Inc.
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: Pacific Dirtworks Incorporated
TELEPHONE NUMBER: 360-966-2250 ADDRESS: 111 Marcus Street
Everson, WA 98247

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: Started 09/26/2000-10/ Due: 10/10/2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Traditional Homes Construction Inc.

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 4108 Marine Heights Way, Anacortes, WA

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Traditional Homes Const Inc.
TELEPHONE NUMBER: 360-404-2011 ADDRESS: 160 Cascade Place Suite 206
Burlington, WA 98233

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: 10/05/2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 14,777.26

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

Brad Hoop
Claimant

Print or Type Name
Brad Hooper

Address
111 Marcus Street, Everson

360-966-2250
Telephone Number

STATE OF WASHINGTON
} SS.
County of Skagit

Brad Hooper, 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.

Brad Hoop

Signed and sworn to before me on this 18 day of October, 2000.

Judy Zavala

Print Name Judy Zavala

Notary Public in and for the State of WA

My appointment expires: 10-1-01

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.

200010180069
, Skagit County Auditor
10/18/2000 Page 2 of 2 2:12:08PM