



200011150036
Skagit County Auditor

11/15/2000 Page 1 of 2 10:41:51AM

AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

FRONTIER INDUSTRIES, INC.)
Claimant.)
VS)
TRADITIONAL HOME CONSTRUCTION)
(Name of person indebted to claimant)

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: FRONTIER INDUSTRIES, INC.
TELEPHONE NUMBER: (360) 293-4595
ADDRESS: 909 26TH STREET, 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: AUGUST 31, 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: TRADITIONAL HOME CONST., 160 CASCADE PL. #206, BURLINGTON, WA 98233

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:

ADDRESS: CANTWELL-NH, 17126 BROOK COURT, MOUNT VERNON, WASHINGTON

LEGAL DESCRIPTION: LOT 44, NOOKACHAMP HILLS PUD PHASE I, AS RECORDED UNDER AUDITOR'S FILE NO. 9811020154, RECORDS OF SKAGIT COUNTY, WASHINGTON.

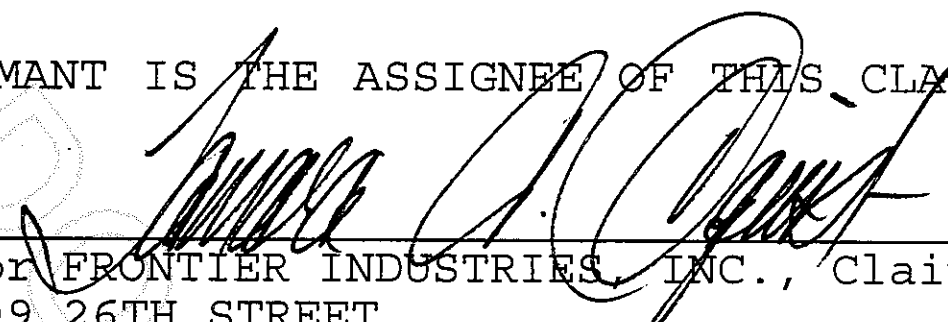
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P113885.

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): DANIEL L & DEBORAH R BOFFEY, DBA: TRADITIONAL HOME CONST., 160 CASCADE PL. #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: OCTOBER 12, 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$1,317.99, PLUS \$70.00 LIEN FEES, (TOTAL \$1,387.99), PLUS INTEREST.

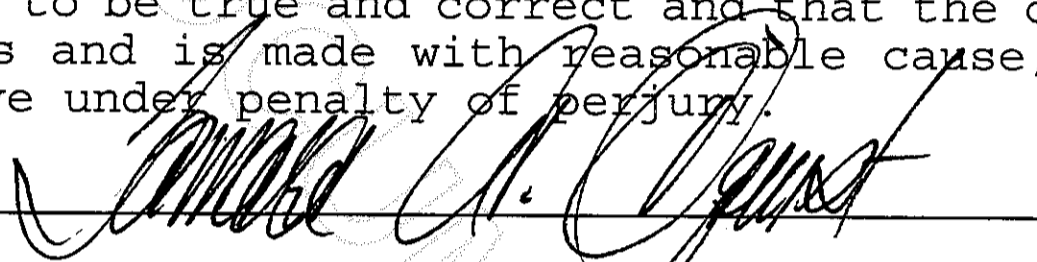
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.



For FRONTIER INDUSTRIES, INC., Claimant
909 26TH STREET
ANACORTES, WA 98221
(360) 293-4595
(Phone Number, Address, City/State of Claimant)

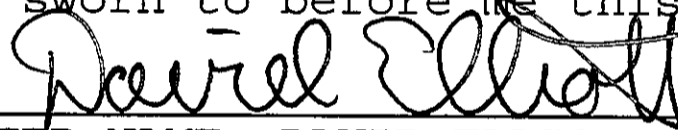
STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

TAMARA A OQUIST, 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.



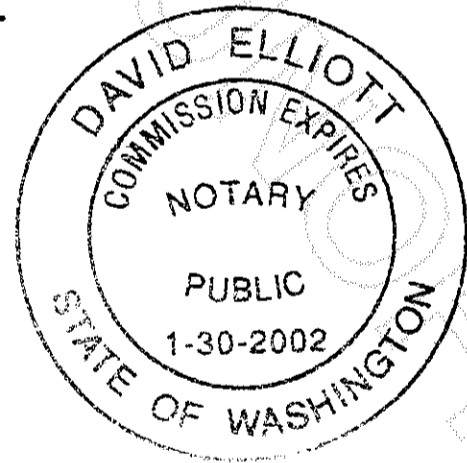
On this day personally appeared before me, TAMARA A OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, 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 9 day of November, 2000.



PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: MOUNTLAKE TERRACE.
My commission expires: 1-30-2002

order #110305, dated: 11-7-00



200011150036
Skagit County Auditor