



CLAIM OF LIEN

| | tor (Owner of property property is being liened): | JEADILIOUST FLOWE COUSLEAGEN |
|--|---|--|
| Grantee (Name of lien claimant): | | BAGIL BEADY MIX |
| Abbreviated Legal Description (e.g. "Lot 1, Block 2,): | | 4108 MARINE HEIGHTS WAY |
| | | Anacortes, was 98221 |
| | | MARINE HERHINS, LOT 33 |
| Assessor's Property Tax Parcel/Account No.: | | P11177 |
| | | |
| 60.04. | Notice is hereby given that the In support of this Lien, the fo | ne person named below claims a Lien pursuant to RCW Ch. ollowing information is submitted. |
| | 1. Name of Lien Claima | nt: SHACIT BEADY MIX |
| | Address: | 204 E JONES ROAD |
| A CONTRACTOR OF THE SECOND SEC | | SEDRO WOOLEY, 100A 9828 |
| | Telephone Number: | 300 8560-0422 |
| | Date on which the cla services, supply mater contributions became | nimant began to perform labor, provide professional rial or equipment or the date on which employee benefit due: |
| | 10-73 | 3.00 |
| | 3. Name of person or con | ntractor indebted to claimant: |
| | MOTION | AL HOME CONSTRUCTION |
| | | |

| | description of other information that will reasonably describe the property): | |
|--|--|--|
| | 4108 MORINE HEIGHAS WAY | |
| | Phacories, van 98221 | |
| | MARINE HEIGHNS, LOT 33 | |
| <i>5</i> . < | Name of the owner or reputed owner (if not known state "unknown"): | |
| | TRADITIONAL HOME CONSTRUCTION | |
| 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: | |
| 7. | Principal amount for which the Lien is claimed is: \$ 47. 41 | |
| 8. If the claimant is the assignee of this claim so state here: | | |
| | A No | |
| | Yes. State name of Assignor: | |
| STATE OF WASHINGTON SS. COUNTY OF SHOCKET) ss. being sworn, says: I am the claimant or attorney for the claimant 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. Claimant or Attorney | | |
| SUBSC | RIBED AND SWORN TO before me this 22 day of 100 en 150 15000 | |
| | | |
| | Alina Putnam Print Name: Clina Futnam | |
| | NOTARY PUBLIC in and for the State of Washington | |
| | Residing at: <u>Concrete</u> was My commission expires: <u>12-29-01</u> | |
| Sant Service S | | |

Appendix 6

200011280048 , Skagit County Auditor 11/28/2000 Page 2 of 2 11:27:24AM