200101050033
, Skagit County Auditor
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Return Address:
Western Concrete Pumping, Inc.
2015 East Bakerview Road
Bellingham, WA 98226

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 Home Construcion, (2) Inc. Add'l. on pg___

Grantee(s) (Claimants): (1) Western Concrete Pumping, (2) Inc. Add'l. on pg___

Legal Description (abbreviated): 4108 Marine Heights Way Add'l. legal is on page____

Assessor's Property Tax Parcel /Account # P 111771

Western Concrete Pumping, Inc.
Claimant
vs.
Traditional Home Const. 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: Western Concrete Pumping, Inc.
TELEPHONE NUMBER: 360-671-2450 ADDRESS: 2015 E. Bakerview Road Bellingham, Wa. 98226

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: October 23, 2000

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

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

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Traditional Home Construction, 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: October 30, 2000

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $1719.99

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

Western Concrete Pumping, Inc.
Claimant

Arvin Zoerink
Print or Type Name

2015 East Bakerview Road
Address

Bellingham, WA 98226

360-671-5757
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Whatcom }

Arvin Zoerink, 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.

Date this 4th day of January 2001.

Nancy K. Reichel

Print Name NANCY K. REICHEL

Notary Public in and for the State of Washington

My appointment expires: 6-30-04

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 PROV

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