



200101090032

Skagit County Auditor

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AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

GRANITE PRECASTING & CONCRETE )  
Claimant. )  
VS )  
SENTREX GROUP, INC. )  
(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: GRANITE PRECASTING & CONCRETE  
TELEPHONE NUMBER: (360) 671-4168  
ADDRESS: 4116 BAKERVIEW SPUR, 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: SEPTEMBER 11, 2000

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: SENTREX GROUP, INC., P.O. BOX 5302, BELLINGHAM, WA 98227

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

ADDRESS: COTTONWOOD RD. CONSTRUCTION, BURLINGTON, WASHINGTON

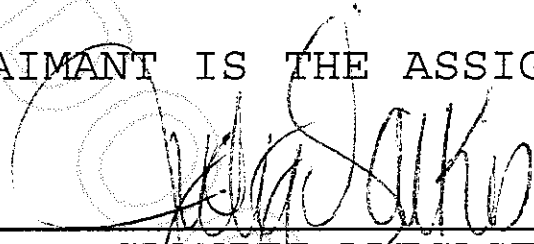
LEGAL DESCRIPTION: LOTS 1, 2, 3, 4 & 5, BURLINGTON BINDING SITE PLAN BU-1-00, AS RECORDED UNDER AUDITOR'S FILE NO. 200003030001, RECORDS OF SKAGIT COUNTY, WASHINGTON. SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO.'S P116509, P116510, P116511, P116512 & P116513.

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): SPRING MEADOWS LLC, 1016 S 3RD ST., MOUNT VERNON, WA 98273 & RICHARD C & ANN L SPINK, 18662 COLONY RD., BOW, WA 98232 & B O B LLC, 1016 S 3RD ST., MOUNT VERNON, WA 98273

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: \$4,919.41, PLUS \$90.00 LIEN FEES, (TOTAL \$5,009.41), PLUS INTEREST.

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

  
For GRANITE PRECASTING & CONCRETE, Claimant  
4116 BAKERVIEW SPUR  
BELLINGHAM, WA 98226  
(360) 671-4168  
(Phone Number, Address, City/State of Claimant)

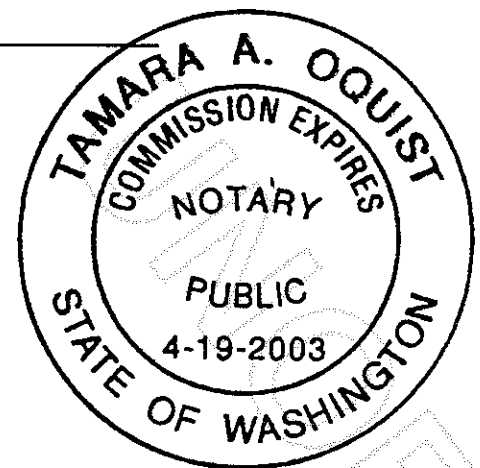
STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

JUDY SARKIS, 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, JUDY SARKIS, 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 3 day of January, 2001.

PRINTED NAME: TAMARA A OQUIST  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: ARLINGTON  
My commission expires: 4-19-2003



order #120073-A, dated: 12-5-00



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