



200101190003

, Skagit County Auditor

1/19/2001 Page 1 of 2 9:33:05AM

Return Address:

Insulpro Specialties Inc

17661 128th PINE

Woodinville WA 98072

RELEASE 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):

Claimant: (1) (2) Addl'. on pg

Owner/Agent: (1) (2) Addl'. on pg

Legal Description (abbreviated): Bridle Trail Estates Lot 5Addl'. legal is on pg Assessor's Property Tax Parcel /Account # P108532/4670-000-005-0000Insulpro Specialties
Claimant

vs.

Traditional Homes Defendant

KNOW ALL PERSONS BY THESE PRESENTS, that a certain Lien, claimed by Lien Notice filed and recorded in the office of the County Auditor of Skagit County, 200005310097, on the 31 day of May, 2000, recorded in Record of Liens, Volume No. _____, Page No. _____ by the above named claimant against the above named defendant, for the sum of Thirty Three hundred fifty & no/100 Dollars (\$ 3,350.00), upon the following property:

4099 Sharpe Rd Anacortes WA
Bridle Trail Estates Lot 5

is paid and satisfied, and the same is hereby released.

Witness my hand this _____ day of, _____

Witnesses

Claimant(s)



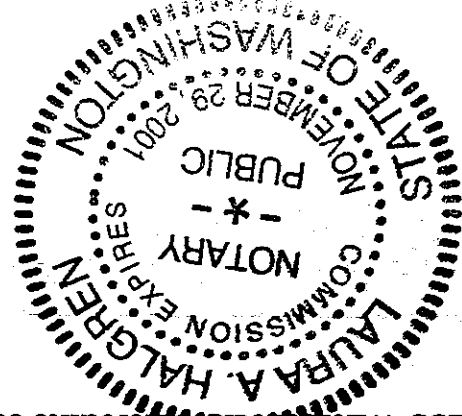
Release of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

Jerry D. Masters
General Manager

200101190003



IN WITNESS Whereof, I have hereunto set my hand and affixed my official seal the day and year first above written.

On this 17 day of January, 2001, personally appeared before me Jerry Masters to me known to be the Gen mgr of the corporation that executed the within and foregoing instrument, and acknowledged said instrument to be free and voluntary act and deed, of said corporation, for the uses and purposes therein mentioned, and on oath stated that he is authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation

SS. (CORPORATE ACKNOWLEDGEMENT)

STATE OF WASHINGTON,

County of King

Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that _____ signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in the instrument.

SS. (INDIVIDUAL ACKNOWLEDGEMENT)

STATE OF WASHINGTON,

County of _____