

200102230080 , Skagit County Auditor 2/23/2001 Page 1 of 2 12: 1 of 2 12:39:12PM

Concrete Con [Name of Claiman	PORM E (RCW 60.04.091)
[Name of Claiman	nt],
Claimant	
John R	- Cox y Associates
	hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. lien the following information is submitted:
1.	Bart Dear Inger/Converte Complete (Name of Claimant)
	(360) 652 -5309
	(Telephone Number)
	(Address of Claimant)
	mukitter, wa 98275
material or equipr	Date on which the claimant began to perform labor, provide professional services, supply nent or the date on which employee benefit contributions became due: $1/3/2000$
John R	Name of person indebted to the claimant: - COX + ASSOC- P-O BOX 456
f f	Description of the property against which a lien is claimed:
	1 Survey Recorded AF#990430058
	dume 21 PG. 187 and 188 Property ID # P58373
5.	Name of the owner or reputed owner:
John	R cox + Assoc- and, or segment Real estate D
5 1	The last date on which labor was performed; professional services were furnished;
	employee benefit plan were due; or material, or equipment was furnished:
7.	Principal amount for which the lien is claimed is:
8.	If the claimant is the assignee of this claim so state here:

9.	If the claiman	nt extended credit on the amount being liened, state the terms of such credit
here:		
		Converte Complete
		Concrete Complete (Company Name)
		(Company Name)
		By: 13000000000000000000000000000000000000
		Its: Ougher U
		(Address and Telephone Number)
STATE OF WA	ASHINGTON	
311112 01 111)ss	
COUNTY OF)	

, being sworn, says: I am 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

Subscribed and sworn to before me this 23 day of Fibruary. 2001

excessive under penalty of perjury.

Printed Name:

NOTARY PUBLIC in and for the State

of Washington, residing at Samuelalley

My commission expires

Letter to Construction Industry Client (with Sample Forms)

(1998)

200102230080

, Skagit County Auditor

2/23/2001 Page 2 of 2 12:39:12PM

XIV-313