

	FORM E (RCW 60.04.091)
Name of Claiman	emplete ,
Claiman	cLAIM OF LIEN
John R	2. Cova Associates
	hereby given that the person named below claims a lien pursuant to Chapter 64.04 RCW. lien the following information is submitted:
1.	(Name of Claimant) Concrete Complete
	360-652-5309 (Telephone Number)
	(Telephone Number)
	(Address of Claimant)  Mykitheo, Wa 98275
2. material or equipro	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:
4.	Description of the property against which a lien is claimed:
( ) lot	4 Survey recorded AF# 9708200023
Section 1997 Section 1997	ol 19 page 163
	perty ID # P112884
<b>5</b> .	Name of the owner or reputed owner:
John	R CCX + Assoc or Herbort P mayer
the state of the s	The last date on which labor was performed; professional services were furnished;
conditionations to at	employee benefit plan were due; or material, or equipment was furnished:

11/25/2000 Principal amount for which the lien is claimed is:

\$5\.62

If the claimant is the assignee of this claim so state here: 7.

8.

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	9. If	the claimant	extended credit	on the amo	ount being liene	ed, state the t	erms of such cre	tibe
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		alty of perjury.		^			general reference and the second seco	•
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Maria Maria				72		_		
	Subscribed	and sworn to l	pefore me this	$\frac{2}{2}$ day	of telonia	M. 2001		
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Letter to Construction Industry Client (with Sample Forms)

(1998)

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