



200105010030

, Skagit County Auditor

5/1/2001 Page 1 of 2 9:14:51AM

Return Address:

Lakota Inc.

PO Box 1065

Anacortes, WA 98221

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) John L. Childs (2) Add'l. on pg

Grantee(s) (Claimants): (1) Lakota Inc. (2) Add'l. on pg

Legal Description (abbreviated): White's 1st to Anacortes Lts 175/18 Add'l. legal is on page

Assessor's Property Tax Parcel /Account # 3837-002-018-0009 Block 2

Lakota Inc.

Claimant

vs.

John L. Childs

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: Lakota Inc.
TELEPHONE NUMBER: (360) 299-3014 ADDRESS: PO Box 1065 Anacortes, WA 98221
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:
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John L. Childs
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 808 33rd St. Anacortes, WA
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John L. Childs
TELEPHONE NUMBER: ADDRESS:
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: (November 8, 2000) 11/8/00



Claim of Lien

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Skagit County Auditor

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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 PROVIDED BY LAW.

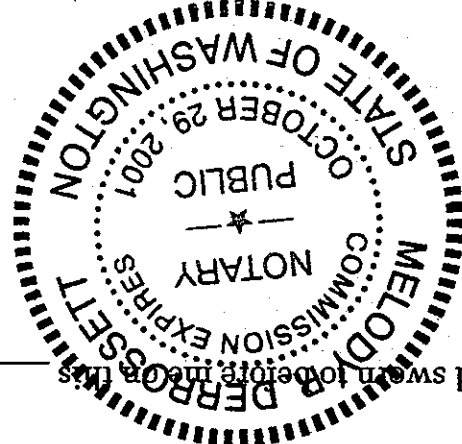
My appointment expires: 10-29-2001

Notary Public in and for the State of Washington

Print Name Melody R. Derrosset

Melody R. Derrosset

1st day of May, 2001



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.

Mare Christine Faust

County of Skagit

SS.

STATE OF WASHINGTON

Claimant Lakota Inc.
Print or Type Name Lakota Inc.
Address P.O. Box 1065
Anacortes, WA 98221
Telephone Number (360) 299-3014

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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$14,000.00