Return Addr		
4,4		2 0 0 1 0 5 3 1 0 0 5 3 , Skagit County Auditor
		5/31/2001 Page 1 of 2 11:20:44AM
4343 Ha	cific Highway	
Bellingt	ram, wA 98226	
IJ		
CLAIN	A OF LIEN	
_	etion required by the Washington State Auditor's/Recorder's Office, (RCW (If applicable):	36.18 and RCW 65.04) 1/97: (please print last name first)
1	Dwner): (1) Charles Dralle	(2) Add'l. on pg
Crantagia) ((Tomantal (1) MAN HALLEST STORES GAS LANGER	Tar Add' on ne
Legal Descri	ption (abbreviated): Ptn of Lot 1 Short Plat $#96-655$	SEY4 of SE'14 of Sec 6 To Add'l. legal is on pg
Assessor's P	roperty Tax Parcel /Account # P 30172	
northing	est Heavy Easinment	
Repair,	A-1-14-5-5-1-1-142-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	· •
•	o Double vs.	
	of person indebted to Claimant:	
Ivalite	of person indebted to Claimant.	
		~
	e is hereby given that the person named belo t of this lien the following information is su	w claims a lien pursuant to chapter 60.04 RCW.
m suppor	· ·	
1.	NAME OF LIEN CLAIMANT: Northwest Heat TELEPHONE NUMBER (364) 676-433) AD	vy Eguipment Refair The.
	Bellingham, WA 98226	BRESS: 4378 Pactiful Highway
2.	DATE ON WHICH THE CLAIMANT RECAN TO DEE	FORM LABOR, PROVIDE PROFESSIONAL SERVICES,
٠.	SUPPLY MATERIAL OR EQUIPMENT OR THE DAT	E ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS
	BECAME DUE: 4-19-01	
3.	NAME OF PERSON INDEBTED TO THE CLAIMANT	: Charles Dralle
4.		HA LIEN IS CLAIMED (street address, legal description or other
	information that will reasonably describe the property) SCC (C. 429 acres Wayward	Way 5
5.	NAME OF THE OWNER OR REPUTED OWNER (If n	ot known state "unknown"): Charles Dralle
	ADDRESS: 24500 Old Day Creek Ed.	TELEPHONE NUMBER (360)856-5688 Sed 10 - Woo lley 1 UA 93 284
_		
6.	CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PL	RMED PROFESSIONAL SERVICES WERE FURNISHED; // / AN WERE DUE; OR MATERIAL, OR EQUIPMENT WAS /
	furnished: 4-28-01	<u> </u>

B. IF THE CLAIMANT IS THE ASSIGNEE OF THIS O	CLAIM SO STATE HERE :
	Linda L. Glen
	Chairlant LINGA Glen / NW Heavy Equipment Print or Type Name
	Address Address Rd. W.A. C18226
	(360) 676-9331
	Telephone Number
TATE OF WASHINGTON	
County of Whatcom ss.	
Linda Glen	, being sworn, says: I am the claimant (or attorney of th
laimant, or administrator, representative, or ager	nt of the trustees of an employee benefit plan) above named; I know the contents thereof, and believe the same to be true and
orrect and that the claim of lien is not frivolous	and is made with reasonable cause, and is not clearly excessive
ander penalty of perjury.	Linds of Man
William.	yarda of well
late this 3/ with Y. Months M.	as 2001 0 0
TAP OM TAPON	Strule Mateur
HOTARL	Daylol V Malpal
(0) August 1	Print Name AU ICA . I C ED C
TAL 20 200 OF	Notary Public in and for the State of Washingto
THE OF MASHINE	My appointment expires: 5-23-04
William Walliam	

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.

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