

Return Address:

FLOOR SHOW, INC.
8012 S. MARCH POINT ROAD
ANACORTES WA 98221



200107180077

Skagit County Auditor

7/18/2001 Page 1 of 3 2:10:45PM

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) LARRY QUESNELL (2) _____ Add'l. on pg _____

Grantee(s) (Claimants): (1) FLOOR SHOW, INC. (2) _____ Add'l. on pg _____

Legal Description (abbreviated): PT. L.S. 2-4, B.L.K. 29, Syndication Addition to Laconner 3 Add'l. legal is on page 3

Assessor's Property Tax Parcel /Account # P74425 4128-029-007-0209

FLOOR SHOW, INC.

Claimant

LARRY QUESNELL

vs.

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:

- NAME OF LIEN CLAIMANT: FLOOR SHOW, INC.
TELEPHONE NUMBER: 360 293 4328 ADDRESS: 8012 S MARCH POINT ROAD
ANACORTES WA 98221
- 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: 5-15-01
- NAME OF PERSON INDEBTED TO THE CLAIMANT: LARRY QUESNELL
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 721 S Maple Street - Laconner WA 98257
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): LARRY QUESNELL
TELEPHONE NUMBER: 425-3188 ADDRESS: 721 S Maple St. Laconner
WA 98257
- 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: 5-15-01



Claim of Lien
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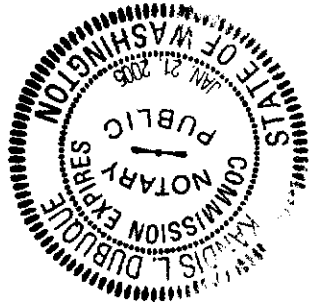
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



My appointment expires: 1-21-05
 Notary Public in and for the State of WA
 Print Name Kandis L. Duboquet
Kandis L. Duboquet

Signed and sworn to before me on this 22nd day of June, 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.

STATE OF WASHINGTON
 County of Skagit
 }
 ss. Monica Frost

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$1518.91
 8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: Yes
 Claimant Floor Show Inc
 Part of Type Name 8115 March Pt Rd
 Address Hamlet WA 98221
 Telephone Number 296-4328

Syndicate addition to LaConner
lot 2 less south 37 feet
All of lot 3 & 4 and lot V1
less north 6 feet all in block 29



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, Skagit County Auditor