



200108010102

Skagit County Auditor

8/1/2001 Page 1 of 2 2:33:25PM

Return Address: Tom Brown
Mt. Vernon Carpet Center
PO Box 1166
Mt. Vernon wa 98273

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) Dahl, Kathi L. Add'l. on pg _____

Grantee(s) (Claimants): (1) Mt. Vernon Carpet Center Add'l. on pg _____

Legal Description (abbreviated): Lot A of short plat No. MV-16-81 Add'l. legal is on page _____

Assessor's Property Tax Parcel /Account #: P28258 340429-0-102-0000

Mt. Vernon Carpet Center

Claimant
vs.

Kathi Sadler

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: Mt. Vernon Carpet Center (Tom Brown)
TELEPHONE NUMBER: 360 336 6533 ADDRESS: PO Box 1166
Mt. Vernon wa 98273
- 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: May 4th 2001
- NAME OF PERSON INDEBTED TO THE CLAIMANT: Kathi Sadler
- DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 316 E Hazel
Mt Vernon wa 98273
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Kathi Sadler
TELEPHONE NUMBER: 360 336 1090 ADDRESS: 316 E Hazel Mt Vernon
wa 98273
- 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: May 4th 2001



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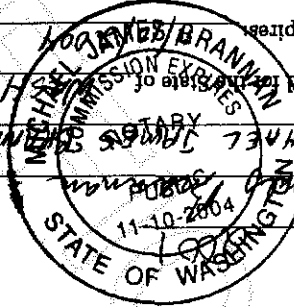


NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION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

My appointment expires _____

Notary Public in and for the State of _____

Print Name MICHAEL JAMES STRANMAN



Michael James Stranman

Date this 1st day of August

being sworn, says: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustee 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.

County of Skagit
Thomas Lee Brown
SS. [Signature]
STATE OF WASHINGTON

Claimant THOMAS LEE BROWN
Print or Type Name Mt Vernon Carpet Center
Address PO Box 1166, Mt Vernon WA
360 336 6533
Telephone Number

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 431.46
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: _____