

PLEASE RECORD AND RETURN TO:
LienData USA, Inc. Agents For
P.O. Box 1120
Bothell, WA 98041-1120
=====

GTS DRYWALL SUPPLY CO.,
CLAIMANT,
VS.
NEW WALL DRYWALL,
Person or Persons
Indebted to Claimant,

Claim of Lien
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: GTS Drywall Supply Co.
ADDRESS: 1524 Market St.
Kirkland, WA 98033
TELEPHONE NUMBER: (425) 828-0608
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: June 2, 2001
3. NAME OF PERSON INDEBTED TO CLAIMANT:
New Wall Drywall
814 W Hazel
Mt Vernon, WA 98273
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS
CLAIMED (Street address, legal description or other
information that will reasonably describe the
property): N P TO ANACORTES, BLOCK 506, WEST 74.99 FEET
OF THE EAST 304.95 FEET OF BLOCK 506; TOGETHER WITH THE
SOUTH 34 FEET OF THE WEST 3RD STREET VACATED UNDER
ORDINANCE #2417 AS WOULD ATTACH BY OPERATION OF LAW.
EXCEPT THE SOUTH 34 FEET. SURVEY AF#9902160224 RECORD
IN VOLUME 21 PAGE 141.

Parcel #P114278

Commonly Known As: 3018 W 3RD PL
ANACORTES, SKAGIT County,
Washington

5. NAME OF THE OWNER OR REPUTED OWNER:
TED N & LEILA J MEYER And JOHN COX & ASSOCIATES INC
3018 W 3RD PL P O BOX 456
ANACORTES, WA 98221 ANACORTES, WA 98221

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: **June 20 2001**

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN
IS CLAIMED IS: **\$3,069.96** PLUS INTEREST
PLUS LIEN FEES

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE
HERE: **Not Applicable**

DATED this 12th day of September, 2001.

LienData USA, Inc.
AGENT FOR CLAIMANT
P.O. Box 1120
Bothell, WA 98041-1120

GTS Drywall Supply Co
CLAIMANT
1524 Market St
Kirkland, WA 98033
(425) 828-0608

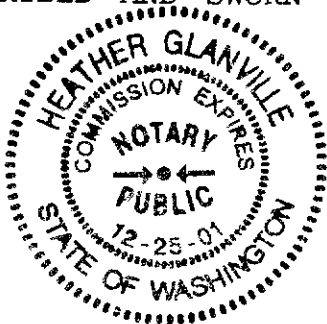
STATE OF WASHINGTON)
) ss.
COUNTY OF KING)

P James Coghlan, 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.

P James Coghlan

SUBSCRIBED AND SWORN to before me this 12th day of September, 2001.



Heather Glanville
NOTARY PUBLIC in and for the
State of Washington
residing at Lynnwood.
My Commission expires: 12/25/01.



200109120048
Skagit County Auditor