200112200044
Skagit County Auditor
12/20/2001 Page 1 of 2 10:53AM

Return Address:

NORDIC SERVICES, INC.
9618 Midvale Avenue North
Seattle, WA 98103

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) Raymond Jensen (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) Nordic Services, Inc. (2) _____ Add'l. on pg___

Legal Description (abbreviated): _____ Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P35373; cross ref #350335-2-003-0008

Nordic Services, Inc.
Claimant

vs.

Raymond Jensen
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: Nordic Services, Inc.
TELEPHONE NUMBER: 206-522-9570 ADDRESS: 9618 Midvale Ave North
Seattle, WA 98103

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: 05/24/01

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Raymond Jensen

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 11115 A Jensen Lane
Burlington, WA 98233
Parcel #P35373 / cross ref #350335-2-003-0008

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Raymond Jensen
TELEPHONE NUMBER: 360-757-4138 ADDRESS: 11223 A Jensen Lane
Burlington, WA 98233

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: 09/17/01

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $1,958.95

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

Nordic Services, Inc.
Claimant

Charles R. Davis Ex. V.P.

Print or Type Name Charles R. Davis

Address
9618 Midvale Ave N, Seattle WA 98103

206-522-9570
Telephone Number

STATE OF WASHINGTON }
} SS.
County of _____ }

Charles R. Davis, 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.

Charles R. Davis Ex. V.P.

Signed and sworn to before me on this 17th day of December, 2001.

Kristine Ann Sanders

Print Name Kristine Sanders

Notary Public in and for the State of Washington

My appointment expires: 11/14/05

KRISTINE ANN SANDERS NOTARY PUBLIC STATE OF WASHINGTON

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.

200112200044
Skagit County Auditor
12/20/2001 Page 2 of 2 10:53AM