200202270105
Skagit County Auditor
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Return Address:

Western Forest Products, Inc.
2192 Division Street
Bellingham, WA 98226

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) Ian & Sherry Pocock (2) _____ Add'l. on pg___

Grantee(s) (Claimants): (1) Western Forest Products (2) _____ Add'l. on pg___

Legal Description (abbreviated): 7348 Teal Lane, Bow, WA Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P-111485

Western Forest Products, Inc.
Claimant
vs.
Calendar Construction
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: Western Forest Products, Inc.
TELEPHONE NUMBER: (360)733-5474 ADDRESS: 2192 Division Street
Bellingham, WA 98226

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: May 23, 2001

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Calendar Construction

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
7348 Teal Lane, Bow, WA

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Ian & Sherry Pocock
TELEPHONE NUMBER: _____ ADDRESS: 7348 Teal Lane, Bow, WA 98232

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: December 11, 2002

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $8,900.31

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

Jan DeVore - Comptroller for
Claimant
Western Forest Products, Inc.
Print or Type Name
2192 Division Street
Address
Bellingham, WA 98226
(360) 733-5474
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Whatcom }

Jan DeVore, 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.

Jan DeVore

Signed and sworn to before me on this 27th day of February, 2002.

DEBRA D. KIENE NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES MARCH 31, 2002

Debra D Kiene

Print Name DEBRA D KIENE

Notary Public in and for the State of Washington

My appointment expires: 3-31-02

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.

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