After Recording Return to:
Frontier Industries Inc.
909 26 th Street
Anacortes wa 98221

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CLAIM OF LIEN

| Assessor's Property Tax Parcel/Account No.: Notice is hereby given that the person named below claims a Lien pursuant to RC 60.04. In support of this Lien, the following information is submitted. 1. Name of Lien Claimant: Address: Address: QQQ 26th Street Anacorks, WA 98221 Telephone Number: 2. Date on which the claimant began to perform labor, provide professional | · . | | and the state of t | | | | |
|---|---|---|--|---------------------------------------|--------|--|--|
| Assessor's Property Tax Parcel/Account No.: Notice is hereby given that the person named below claims a Lien pursuant to RC 60.04. In support of this Lien, the following information is submitted. 1. Name of Lien Claimant: Address: Q09 264 Street Anacortes, WA 98221 Telephone Number: 2. Date on which the claimant began to perform labor, provide professional | | eff and the second | | | | | |
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| Telephone Number: 360-293-4595 2. Date on which the claimant began to perform labor, provide professional | 409 20° Anacort | | ldress: | Add | | | |
| 2. Date on which the claimant began to perform labor, provide professional | 360-2 | r: | lephone Number: | Tele | | | |
| services, supply material or equipment or the date on which employee ben contributions became due: | ant began to perform la l or equipment or the de | aterial or eq | rvices, supply ma | serv | 2 | | |
| 10-1-01 | 10-1-01 | | : | · · · · · · · · · · · · · · · · · · · | * 2*** | | |
| 3. Name of person or contractor indebted to claimant: Delane Wright dba Wright's Restoration of Remo | ractor indebted to claim 9ht dba Wright | contractor Wright | ume of person or Delane_U | 3, Nan | | | |

| | description of the property against which a Lien is claimed (sire) and ess, legal description or other information that will reasonably describe the property): | | | |
|-------------------|--|--|--|--|
| | 623 Hillcrest Drive Anacortes 98221 | | | |
| | Hillcrest Add to Anacortes Lot 3 | | | |
| | | | | |
| <i>5</i> . | Name of the owner or reputed owner (if not known state "unknown"): | | | |
| | Delane W. Wright | | | |
| 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: | | | |
| 7. | Principal amount for which the Lien is claimed is: \$ 7727.43+ any interest | | | |
| <i>8</i> . | Principal amount for which the Lien is claimed is: \$\frac{7727.43+any interest}{\partial or #Horneys fees.}\$ If the claimant is the assignee of this claim so state here: | | | |
| . | No No | | | |
| | | | | |
| | Yes. State name of Assignor: | | | |
| STATE OF WA | SHINGTON) | | | |
| COUNTY OF _ | | | | |
| | Patricia Bickley , being sworn, says: I am the claimant or attorney for | | | |
| the same to be tr | ve named: I have read or heard the foregoing claim, read and know the contents thereof, and believe use and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is sive under penalty of perjury. | | | |
| · | Clatmant or Attorney | | | |
| SUBSC | CRIBED AND SWORN TO before me this 17th day of april 192002 | | | |
| | Junio Laura & elles | | | |
| | Print Name: LAURA L. ILES NOTARY PUBLIC in and for the State of Washington | | | |
| | Residing at: anacortes | | | |
| | My commission expires: 2-17-03 | | | |
| | WANTED WASHINGTON | | | |

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9:15AM