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Skagit County Auditor
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Return Address:

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) _____ (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) _____ (2) _____ Add'l. on pg ___

Legal Description (abbreviated): Lots 11-20 BLK. 55, City of Anacortes Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P55247

Apex Welding & Fab.
17723 State Rte. 536
~~Mt. Vernon, WA 98273-9721~~

Claimant
vs.

ROCKET CONSTRUCTION
PO BOX 27186
12738 - 28TH AVE NE,
SEATTLE, WA
98125

Name of person indebted to Claimant

LAST KNOWN ADDRESS

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: APEX WELDING & FABRICATION
TELEPHONE NUMBER: 360-424-1413 ADDRESS: 17723 SR 536
MT. VERNON WA. 98273

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: 3/10/02

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: ROCKET 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): APARTMENTS ON CORNERS OF 14TH & O and 14TH & N ANACORTES, WA 98221

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): ANACORTES HOUSING AUTHORITY
TELEPHONE NUMBER: 293-7831 (360) ADDRESS: 719 Q 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: 3/25/02

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 9517.00

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

Julie A. Wollam for Apex Welding & Fab.
Claimant

Julie A. Wollam
Print or Type Name

17723 SR 536
Address

Mount Vernon, WA 98273

360-424-1413
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Julie Wollam, 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.

Date this 8th day of May, 2002.

Kristen L. Tully

Print Name Kristen L. Tully

Notary Public in and for the State of Washington

My appointment expires: 6/19/2004

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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