



200205090239

Skagit County Auditor

5/9/2002 Page 1 of 2 1:45PM

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) (Claimant): (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

ROCKET CONSTRUCTION
PO BOX 27186
12738-28th AVENUE

Claimant
vs.

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:

- NAME OF LIEN CLAIMANT: APEX WELDING & FABRICATION
TELEPHONE NUMBER: 360-424-1413 ADDRESS: 17723 SR 536
MT. VERNON WA 98273
- 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
- NAME OF PERSON INDEBTED TO THE CLAIMANT: ROCKET CONSTRUCTION
- 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
- NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): ANACORTES HOUSING AUTHORITY
TELEPHONE NUMBER: 293-7831 (36) ADDRESS: 719 Q ANACORTES, WA
98221
- 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



Claim of Lien

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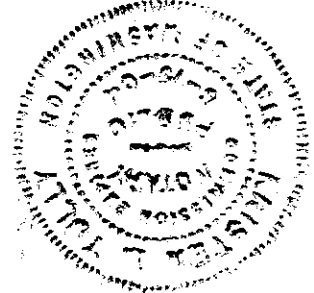
MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

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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.



Date this 8th day of May 2002
Print Name Kristen L. Jolly
Notary Public in and for the State of Washington
My appointment expires: 6/19/2004

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.

STATE OF WASHINGTON
County of Skagit
SS. Julie A. Wollam

Claimant Julie A. Wollam for Apex Holdings, Inc.
Print or Type Name 17723 SR 536
Address Mant Vernon, WA 98273
Telephone Number 360-424-1413

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: _____