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Skagit County Auditor
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Return Address:
John R. Cox & Associates LLC
PO Box 456
Anacortes, WA 98221

ACCOMMODATION RECORDING ONLY
FIRST AMERICAN TITLE CO.
M7890

CLAIM OF LIEN Amended

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) Tom Smith (2) Susan Smith Add'l. on pg ____
Grantee(s) (Claimants): (1) John R. Cox + Assoc LLC (2) _____ Add'l. on pg ____
Legal Description (abbreviated): Lot 62 Eagle Mount Phase 1A Add'l. legal is on page ____
Assessor's Property Tax Parcel /Account # 4021-000-062-0001 / P104221

John R. Cox & Associates LLC
Claimant
vs.
Tom & Susan Smith
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: John R. Cox & Associates LLC
TELEPHONE NUMBER (360) 293-9426 ADDRESS: PO Box 456
Anacortes, WA 98221

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: June 5th 2001

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: Tom & Susan Smith

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
1428 Alpine Drive / Lot 62 Eagle Mount Phase 1A

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Tom & Susan Smith
TELEPHONE NUMBER (360) 424-9487 ADDRESS: 1428 Alpine View Drive
Mount Vernon, WA 98274

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: June 15, 2002

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $75,328.55

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

Claimant

Print or Type Name John Randy Cox

Address 902 8th Street
Anacortes, WA 98221

(360) 293-9426
Telephone Number

STATE OF WASHINGTON }
} SS.
County of Skagit }

John Randy Cox, 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 FIFTH day of AUGUST, 2002

BRITTA LANG
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
APRIL 8, 2004

Print Name BRITTA LANG

Notary Public in and for the State of WASHINGTON

My appointment expires: 4/8/2004

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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