



200208230047

Skagit County Auditor

8/23/2002 Page 1 of 2 10:05AM

AFTER RECORDING RETURN TO:

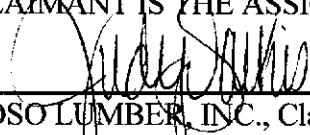
LIEN RESEARCH CORP.  
P. O. BOX 449  
EVERETT, WA 98206

**CLAIM OF LIEN**

OSO LUMBER, INC.  
Claimant.  
VS  
PREMIER CONSTRUCTION &  
RESTORATION, INC.  
(Name of person indebted to claimant)

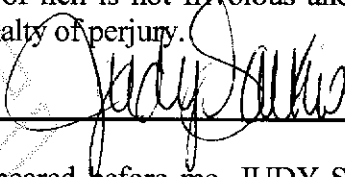
NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

1. NAME OF LIEN CLAIMANT: OSO LUMBER, INC.  
TELEPHONE NUMBER: (360) 435-8397  
ADDRESS: 21015 S.R. 9 N.E., ARLINGTON, WA. 98223
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 21, 2002
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: PREMIER CONSTRUCTION & RESTORATION, INC., P.O.BOX 3691, EVERETT, WA. 98203
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 24919 HOEHN RD, SPACE #61, SEDRO WOOLLEY, WA.  
LEGAL DESCRIPTION: SPACE 61, VAN FLEET MOBILE HOME PARK & THE WEST 20 ACRES OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 19, TOWNSHIP 35 NORTH, RANGE 5 EAST, W.M. LYING SOUTH OF RLY. SITUATE IN THE COUNTY OF SKAGIT, STATE OF WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P39983 & P39908
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
RUTH MCCOY, 24919 HOEHN RD, #61, SEDRO WOOLLEY, WA. 98284  
VIRGIL & ROSALIE M. VAN FLEET, TRUSTEE 24835 HOEHN RD SEDRO WOOLLEY WA 98284
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 25, 2002
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$3,007.70, PLUS \$250.00 LIEN FEES, (TOTAL \$3,257.70), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

  
\_\_\_\_\_  
For, OSO LUMBER, INC., Claimant  
21015 S.R. 9 N.E.  
ARLINGTON, WA. 98223  
(360) 435-8397  
(Phone Number, Address, City/State of Claimant)


STATE OF WASHINGTON )  
 ) ss  
COUNTY OF SNOHOMISH )

JUDY SARKIS, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, 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.

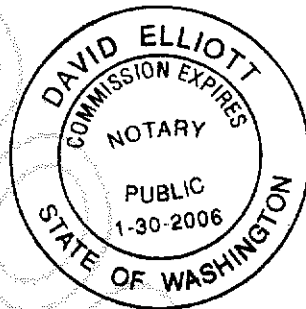


On this day personally appeared before me, JUDY SARKIS, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 15 day of August, 2002



PRINTED NAME: DAVID ELLIOTT  
NOTARY PUBLIC  
in and for the State of Washington.  
Residing in: EVERETT  
My commission expires: 1/30/06



Order #080408, dated: 8/7/02

