

Inter-Island Fire-Safe Co. LLC  
648 West Mobius Loop  
Oak Harbor, WA 98277-4863  
(360) 679-3648



200208280087

Skagit County Auditor

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## CLAIM OF LIEN

State of Washington

28 of August, 2002

County of Skagit

Before me, the undersigned Notary Public, personally appeared Stephanie

L. Cooper who duly sworn says that he is (the lienor herein)(the agent of the lienor herein)

INTER-ISLAND FIRE-SAFE Co, LLC  
(Lienor's Name)

whose address is 648 W. Mobius Loop, Oak Harbor WA 98277  
(Lienor's Address)

and that in accordance with an agreement with All Sides Inc

lienor furnished labor, services or materials consisting of:

Installation of Kitchen Fire Suppression System  
connected to other appliances, permits, etc

on the following described real property in Skagit County,

State of Washington:

(Describe real property for identification, including street and number, if known)

412 Commercial Ave  
Anacortes, WA 98221  
Brown lantern

P 55047 Pt Lts 1-4 Bk 33 Anacortes

Owner: Willard Aldridge

owned by Aldridge Willard  
of a total value of Two Thousand Six Hundred Ninety-Eight & <sup>20</sup>/<sub>100</sub> Dollars  
(\$ 2698.00 ) of which there remains unpaid \$ 2,698.00 , and  
furnished the first of the items on May 3 , 2002 (year) and the last of the  
items on JUNE 5 , 2002 (year) and (if the lien is claimed by one not in  
privity with the owner) that the lienor served his notice to owner on 6-5  
2002 (year) by US mail  
(Method of Service)

and, (if required) that the lienor served copies of the notice on the contractor on \_\_\_\_\_  
\_\_\_\_\_, (year) , by \_\_\_\_\_ , and on the subcontractor  
(Method of Service)  
on \_\_\_\_\_ , \_\_\_\_\_ (year) , by \_\_\_\_\_  
(Method of Service)

Inter-Island Fire-Safe  
Lienor

By Stephanie L Cooper  
Agent

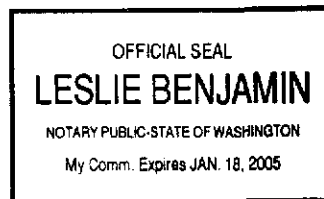
State of Washington  
County of Island }

On 8/28/02 before me, Stephanie L Cooper  
Appeared

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose  
name(s) is/are subscribed to the within instruments and acknowledged to me that he/she/they executed the  
same in his/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the  
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.  
WITNESS my hand and official seal.

Signature Leslie Benjamin  
Signature of Notary

Affiant \_\_\_\_\_ Known \_\_\_\_\_ Produced ID \_\_\_\_\_  
Type of ID WA. DL  
(Seal)



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