

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



200208280088
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 Chef's Connection

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)

911 Commercial Ave

Anacortes, WA 98221

P 54963 Island Cafe

Anacortes Lts 11-13 B119

Owner: McKee Family Revocable Living Trust

owned by McKee Family Rev Livg Trust
of a total value of Two Thousand Three Hundred Fifty-Four & 35/100 Dollars
(\$ 2,354.35) of which there remains unpaid \$ 2,354.35, and
furnished the first of the items on April 17, 2002 (year) and the last of the
items on May 30, 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 August 9,
2002 (year) by Certified mail
(Method of Service)
and, (if required) that the lienor served copies of the notice on the contractor on August 12,
2002 (year), by certified mail
(Method of Service)
on _____, _____ (year), by _____
(Method of Service)

INTER-ISLAND FIRE-SAFE

Lienor

By

Stephanie L Cooper
Agent

State of

County of

Washington
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. IDL

(Seal)

OFFICIAL SEAL

LESLIE BENJAMIN

NOTARY PUBLIC-STATE OF WASHINGTON

My Comm. Expires JAN. 18, 2005



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