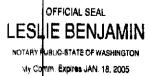
Inter-Island Fire-Safe Co. LLC 648 West Mobius Loop Oak Harbor, WA 98277-4863 (360) 679-3648



CLAIM OF LIEN

State of Washington 28 of August, 2002
County of Skagit
Before me, the undersigned Notary Public, personally appeared Stephane L.
Los per who duly sworn says that he is (the lienor herein)(the agent of the lienor herein)
INTER-ISLAND FIRE SAJE CO, LLC (Lienor's Name)
ranger and the second of the s
whose address is 648 W. Mobius Koop, Oak Harehore, WA. 98277 (Lienor's Address)
(Lienor's Address)
and that in accordance with an agreement with
lienor furnished labor, services or materials consisting of:
INSTAllation of Kitchen Fire Suppression System
Connected to other appliances, premits etc.
on the following described real property in Skagrt. County,
State of Washington:
(Describe real property for identification, including street and number, if known)
911 Commercial Ave
AVACORTES, WA 98321
54963 Island Cofe
Anacortes (ds 11-13 B119
Owner: McKee Family Revocable Living trust

owned by Mckee FAM	ily Rev Lug Trust
of a total value of Two Th	ous and Three Hundred Fifty- Four & 35/100 Dollars
What 20 miles	hich there remains unpaid \$ 2, 354.35 and
furnished the first of the items o	n April 17 A002 (year) and the last of the
items on May	o , 9002 (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
	(Method of Service)
	i
	served copies of the notice on the contractor on August 12
2002 (year), by	Certified mail, and on the subcontractor (Method of Service)
on	
	(year), by (Method of Service)
en e	
	INTER-ISLAND FIRE-Sufe Lienor
	Lienor
	By Styphonie Lasper Agent
11) 21/2	Agent
State of Washing t	
County of 10101)	- Stade and the same
On S/OS t	efore me, <u>Suphany Cooper</u>
Personally known to me (or pro	oved to me on the basis of satisfactory evidence) to be the person(s) whose within instruments and acknowledged to me that be/she/they executed the
same in bis/her/their authorized	capacity(ies), and that his/her/their signature(s) on the instrument the
WITNESS my hand and official	half of which the person(s) acted, executed the instrument.
Signature 1000	LOPAYL
Signature of	Affiant Known Produced ID Type of ID WA, TOL
	(Seal)





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2:16PM