

AFTER RECORDING RETURN TO:

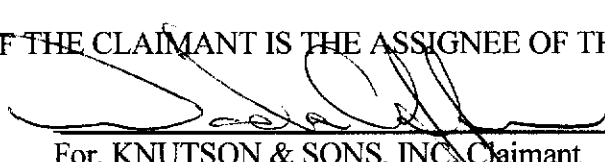
LIEN RESEARCH CORP.
P. O. BOX 449
EVERETT, WA 98206

CLAIM OF LIEN

KNUTSON & SONS, INC
Claimant.
VS
FISHER & SONS, 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: KNUTSON & SONS, INC
TELEPHONE NUMBER: (360) 766-6203
ADDRESS: 13934 BISQUET RIDGE LANE, BOW, WA. 98232
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: FEBRUARY 18, 2002
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: FISHER & SONS, INC, 625 FISHER LANE, BURLINGTON, WA. 98233
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: PEDIATRIC CLINIC, 2101 LITTLE MOUNTAIN LANE, MT. VERNON
LEGAL DESCRIPTION: LOT 3, CITY OF MOUNT VERNON SHORT PLAT MV-2-00, AS RECORDED UNDER AUDITOR FILE NO. 200112200109, BEING A PORTION OF TRACT 3 OF CITY OF MOUNT VERNON SHORT PLAT NO. MV-3-83, UNDER AUDITOR FILE NO. 8307290011, LOCATED IN THE NORTHEAST QUARTER OF SECTION 29, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.
SITUATE IN THE COUNTY SKAGIT, STATE OF WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P118704
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
1825 ASSOCIATES LLC, 1801 E. DIVISION, MOUNT VERNON, WA. 98273
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: SEPTEMBER 5, 2002
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$31,561.00; PLUS \$129.00 LIEN FEES, (TOTAL \$31,690.00), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

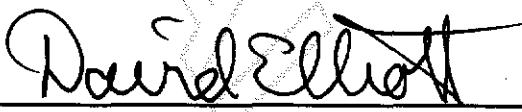

For, KNUTSON & SONS, INC, Claimant
13934 BISQUET RIDGE LANE
BOW, WA. 98232
(360) 766-6203
(Phone Number, Address, City/State of Claimant)

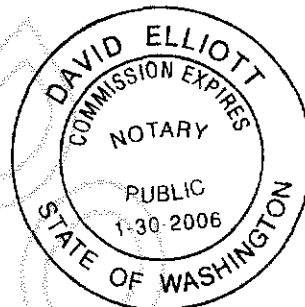
STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

DORINDA COFFMAN, 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, DORINDA COFFMAN, 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 9 day of September, 2002


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



Order #090290, dated: 9/5/02



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Skagit County Auditor