

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



200212020088
Skagit County Auditor

12/2/2002 Page 1 of 2 10:00AM

CLAIM OF LIEN

State of Washington

27 of November, 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 Best Burgers

lienor furnished labor, services or materials consisting of:

Hood cleaning all fans, flues & hoods

on the following described real property in Skagit County,

State of Washington:

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

1701 Confidential Place
Mount Vernon, WA 98273
P99043

Johnson, Eileen W Trust

Johnson, A Elliott Trustee

owned by Johnson, Eileen W Trust e 711 S. 1st., Mt. Vernon WA
of a total value of Two Hundred Fifty - Two and 82/100 Dollars

(\$ 204.82) of which there remains unpaid \$ 252.82, and

furnished the first of the items on Sept. 5, 2002 (year) and the last of the

items on Sept. 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 October 31,

2002 (year) by Certified 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 Co, LLC
Lienor

By Stephanie L Cooper
Agent

State of Washington
County of Island }

On Nov. 27, 2002 before me, Tara L. HitesheW

Appeared Stephanie L. Cooper
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 Tara L. HitesheW
Signature of Notary

Affiant Known Produced ID
Type of ID WA DL
(Seal)

