UNOFFICIAL DOCUMENT

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Skagit County Auditor
2/24/2003 Page 1 of 2 12:21PM

AFTER RECORDING RETURN TO:

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

CLAIM OF LIEN

HERMAN HOBBICK TRUCKING Claimant. VS BILL RIMMER / PATRICK PLOEG (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: HERMAN HOBBICK TRUCKING
TELEPHONE NUMBER: (360) 757-1707
ADDRESS: P. O. BOX 249, MT. VERNON, WA. 98273

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: DECEMBER 16, 2002

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: BILL RIMMER, 1308 HEATHER LN, SEDRO WOOLLEY, WA. 98284 / PATRICK PLOEG, 10149 HALLERAN RD, BOW, WA. 98232

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 1308 HEATHER LANE, SEDRO WOOLLEY, WA.
LEGAL DESCRIPTION: LOT 4, SHORT PLAT NO. SW 03-96, APPROVED MARCH 9, 1998, RECORDED MARCH 23, 1998 IN VOLUME 13 OF SHORT PLATS, PAGES 107 AND 108, UNDER AUDITOR'S FILE NO. 9803230071, AND BEING A PORTION OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 26, TOWNSHIP35 NORTH, RANGE 4 EAST, W.M, RECORDS OF SGAKIT COUNTY, WASHINGTON.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P112968

5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"): RIMROY, INC, 1308 HEATHER LANE, SEDRO WOOLLEY, WA. 98284

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: JANUARY 6, 2003

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: $60,266.26, PLUS $250.00 LIEN FEES, (TOTAL $60,516.26), PLUS INTEREST.

8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

For, HERMAN HOBBICK TRUCKING, Claimant
P. O. BOX 249
MT. VERNON, WA. 98273
(360) 757-1707
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

JUDY SARKIS, 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.

Judy Sarkis

On this day personally appeared before me, JUDY SARKIS, 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 18 day of February, 2003

PRINTED NAME: TAMARA A OQUIST
NOTARY PUBLIC
in and for the State of Washington.
Residing in: ARLINGTON
My commission expires: 4/19/03

TAMARA A. OQUIST
COMMISSION EXPIRES
NOTARY
PUBLIC
4-19-2003
STATE OF WASHINGTON

Order #020512, dated: 2/12/03

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