



200304280102

Skagit County Auditor

4/28/2003 Page

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2 10:52AM

Return Address:

MT. BAKER ROOFING, INC.
5459 HANNEGAN RD.
BELLINGHAM, WA 98226

CLAIM OF LIEN

INVOICE # 8010

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:

(please print last name first)

Reference # (If applicable):

Grantor(s) (Owner): (1) John R Cox + Assoc.

(2)

Add'l. on pg

Grantee(s) (Claimant): (1) Mt Baker Roofing, Inc.

Add'l. on pg

Legal Description (Abbreviated):

2318 20th St Anacortes Bl 235 And

Add'l. legal is on page

Assessor's Property Tax Parcel / Account # P118949

Mt Baker Roofing, Inc

Claimant

John R Cox + Assoc.

vs.

Name of person indebted to Claimant

Notice is hereby given that the person named 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: Mt Baker Roofing, Inc.
TELEPHONE NUMBER: 360-398-2835 ADDRESS: 5459 Hannegan Rd
Bellingham, WA 98226
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: October 15 2003
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John R Cox + Associates
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address; legal description or other information that will reasonably describe the property): Anacortes, Block 230, Lots 11 through 13 and the west 15 feet of Lot 14, Block 230 Survey
Recorded under AF# 20020120124 2318 20th St Anacortes
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Rolph David
TELEPHONE NUMBER: ADDRESS: 1910 Cedar Springs Lane
Anacortes, WA 98221
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 27 2003



Claim of Lien

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Claim of Lien

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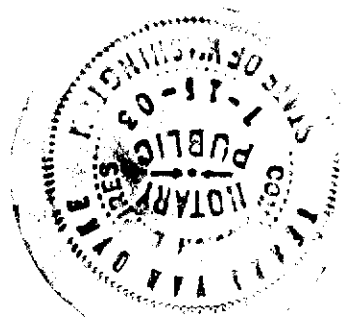
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDITION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.



My appointment expires: 7-15-2003

Notary Public in and for the State of Washington

Print Name: Terrell D. Dwyer

Signed and sworn to before me on this 27th day of April 2003

I, being sworn, say: I am the claimant (or attorney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above named; I have read or heard the foregoing claim, read and 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.

STATE OF WASHINGTON } County of Skagit } SS.

Claimant: MT Baker Roofing Inc.
Print or Type Name: Diana Johnson
Address: 5439 Alexander Rd
Telephone Number: 3603982135

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1664.43 plus Financially
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: