

Return Address:

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



200304280103
Skagit County Auditor

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CLAIM OF LIEN - INDEX # 8127+8043

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(s)): (1) Mt Baker Roofing Inc.	(2)	Add'l. on pg
Legal Description (abbreviated): 2004 Bradley Dr - Lot 86, Skyline No 3		Add'l. on pg
Assessor's Property Tax Parcel / Account # P59191		

Mt Baker Roofing, Inc. Claimant
vs.
John R. Cox & Assoc.
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: 360-398-2135 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: Nov 18 2003
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John R Cox & Assoc.
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): Survey recorded under A# 200208060027
2004 Bradley Dr
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Rudolf Jeffrey
TELEPHONE NUMBER: ADDRESS: 5524 Sugarloaf St
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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FORM PRINTED ON RECYCLED PAPER

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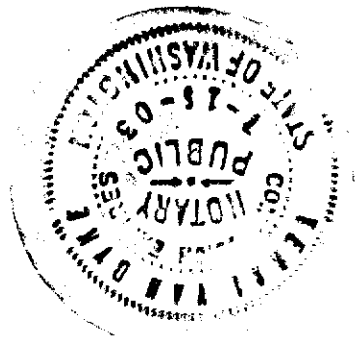
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



Print Name Terre Vandyke
Notary Public in and for the State of Washington
My appointment expires: 7-15-2003

Signed and sworn to before me on this 28th day of April 2003

being sworn, says: 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 J. H. 50 Manager
Address Bellingham WA 98226
Telephone Number 360-348-2135

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$3424.81 plus Finance Chg
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: