

Return Address:

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



200304280104
Skagit County Auditor

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CLAIM OF LIEN *invoices 8420 + 8175*

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 P Cox + Assoc.* (2) _____ Add'l. on pg. _____

Grantee(s) (Claimant): (1) *MT Baker Roofing Inc.* Add'l. on pg. _____

Legal Description (abbreviated): *5104 Heather Ct Skyline N3 Lot 92* Add'l. legal is on page _____

Assessor's Property Tax Parcel / Account # *P59197*

MT Baker Roofing Inc.
Claimant
John P 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: *360-398-2125* 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: *December 9 2003*
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: *John P 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): *5104 Heather Ct Skyline N03 Lot 92 Anacortes*
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): *John P Cox + Assoc.*
TELEPHONE NUMBER: *360-293-9424* ADDRESS: *PO Box 456 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 28 2003*



Claim of Lien
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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

www.wlbforms.com

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: \$3978.90 plus Finance Charge

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

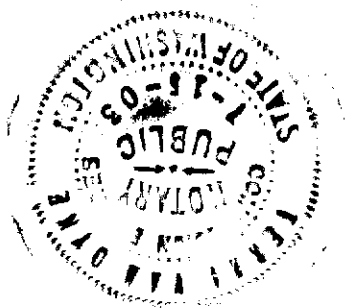
Claimant: MT Baker Clothing, Inc.
Print or Type Name: Diana Johnson
Address: 5434 Hannover Rd
Bellevue, WA 98006
Telephone Number: 360-398-2135

STATE OF WASHINGTON
County of Skagit
SS. }

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.

Signed and sworn to before me on this 24th day of April 2003

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



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.



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