200304280105
Skagit County Auditor
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Return Address:

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

CLAIM OF LIEN Amended Clm # 8284

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) (Claimants): (1) Mt Baker Roofing Inc, _____ Add'l. on pg___

Legal Description (abbreviated): Lot 10 of Survey Recorded AF#200201240260 Add'l. legal is on page___

Assessor's Property Tax Parcel /Account # P119014

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: 360-398-2B5 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 30 2002

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 Lot 10 of Survey recorded under AF# 200201240260, being a portion of Block 214

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John R Cox + Assc. TELEPHONE NUMBER: 360-293-9426 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

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 4,545.93 plus Finance

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

M+M Baker Roofing Inc
Claimant
Diana L Johnson Vice Pres.
Print or Type Name
5459 Hannegan Rd
Address
Bellingham WA 98226
360-398-2135
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

Diana L Johnson, 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.

Diana L Johnson

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

Terri Van Dyke
Print Name Terri VanDyke
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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