



200304280107

Skagit County Auditor

Return Address:

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2 10:55AM

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

CLAIM OF LIEN *INV 0124 8810 + 8211*

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) <i>John R Cox & Assoc.</i>	(2)	Add'l. on pg
Grantee(s) (Claimant): (1) <i>Mt Baker Roofing, Inc.</i>	(2)	Add'l. on pg
Legal Description (abbreviated): <i>Rancho San Juan Del Mar Sub Div 8 Lot 6</i>		Add'l. legal is on page
Assessor's Property Tax Parcel / Account # <i>P 119098</i>		

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: *360-398-2135* 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: *October 1 2002*
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): *Rancho San Juan Del Mar Sub-Div 8 Lot 6, Survey Recorded under A.F.T. 200207080127 13630 Orca Lake Anacortes*
5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): *Robert Billow*
TELEPHONE NUMBER: ADDRESS: *13634 Orca Lake*
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: *April 15 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



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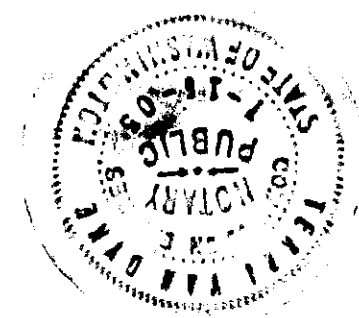
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NOTE: THE CLAIM OF LIEN MUST BE FILED FOR RECORDING IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED NO LATER THAN NINETY (90) DAYS AFTER THE CLAIMANT HAS CEASED TO FURNISH LABOR, PROFESSIONAL SERVICES, MATERIALS OR EQUIPMENT OR THE LAST DATE ON WHICH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



Signed and sworn to before me on this 29th day of April 2003
Print Name Terri Van Dyke
Notary Public in and for the State of Washington
My appointment expires: 7-15-2003

under penalty of perjury.
and correct and that the claim of lien is not frivolous and is made with reasonable cause, and is not clearly excessive
named; I have read or heard the foregoing claim, read and know the contents thereof, and believe the same to be true
ney of the claimant, or administrator, representative, or agent of the trustees of an employee benefit plan) above
being sworn, says: I am the claimant (or attorney for the claimant), and the claimant is Diana L. Johnson

STATE OF WASHINGTON
County of Skagit
SS. }

Telephone Number 360-398-2135
Address 5434 1st Ave NE
City Bellingham WA 98206
County Skagit
Claimant MT Baker Logging Inc.

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: 1,254.98 plus interest
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: