200305190179
Skagit County Auditor
5/19/2003 Page 1 of 2 1:30PM

Return Address:

CLAIM OF LIEN

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) MATT JANES CONST. (2) HENRY + TAMI MASON Add'l. on pg ___

Grantee(s) (Claimants): (1) THE CABINET CONNECTION. (2) _____ Add'l. on pg ___

Legal Description (abbreviated): LT 3 S/P #95-033 PTN SW 1/4 NE 1/4 Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P108652 32-35-4

THE CABINET CONNECTION
Claimant
vs.
MATT JANES & HENRY + TAMI MASON
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: KIRK D. FELLERS (THE CABINET CONNECTION)
TELEPHONE NUMBER: 360-428-8731 ADDRESS: 1221-B RIVERSIDE DR. MT. VERNON WA 98273

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: 02/13/03

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: MATT JANES CONST.

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property):
LT 3 S/P #95-033 PTN SW 1/4 NE 1/4 32-35-4
13633 Marihugh Rd. Mt. VERNON WA 98273

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): HENRY & TAMI MASON
TELEPHONE NUMBER: _____ ADDRESS: 13633 Marihugh Rd. Mt. VERNON WA 98273

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: 5/10/03

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 15,507.51

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

THE CABINET CONNECTION (KIRK D. FELLERS)
Claimant
KIRK D. FELLERS
Print or Type Name
1221-B RIVERSIDE DR.
Address
MT. VERNON WA 98273
360-428-8731
Telephone Number

STATE OF WASHINGTON }
County of Skagit } ss.

KIRK D. FELLERS, 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.

MELODY R. DERROSSETT NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 10-29-2005

Signed and sworn to before me on this 19th day of May, 2003.

Melody R. Derrossett
Print Name Melody R. Derrossett
Notary Public in and for the State of WA
My appointment expires: 10-29-2005

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.

200305190179
Skagit County Auditor
5/19/2003 Page 2 of 2 1:30PM