



200311040010

Skagit County Auditor

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AFTER RECORDING RETURN TO:

LIEN RESEARCH CORP.
P. O. BOX 148
MARYSVILLE, WA. 98270

CLAIM OF LIEN

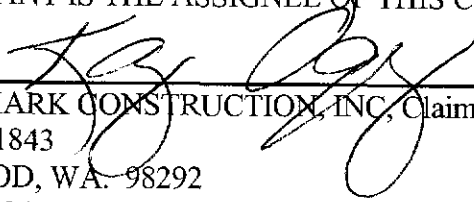
PROMARK CONSTRUCTION, INC
Claimant.

VS

JOHN R. COX & ASSOCIATES LLC
(Name of person indebted to claimant)

NOTICE IS HEREBY GIVEN that the person below claims a lien pursuant to chapter 60.04 RCW. In support of this lien the following information is submitted:

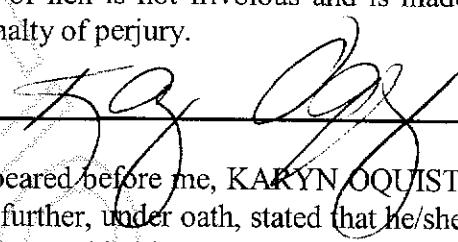
1. NAME OF LIEN CLAIMANT: PROMARK CONSTRUCTION, INC
TELEPHONE NUMBER: (360) 387-1247
ADDRESS: P.O. BOX 1843, STANWOOD, WA. 98292
2. DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFESSIONAL SERVICES, SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS BECAME DUE: JUNE 23, 2003
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JOHN R. COX & ASSOCIATES LLC, 902 8TH ST, ANACORTES, WA. 98221
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:
ADDRESS: 2013 COVE PLACE, ANACORTES, WA.
LEGAL DESCRIPTION: LOT 9, SKYLINE NO. 11, RECORDS OF SKAGIT COUNTY, WASHINGTON; TOGETHER WITH TIDELANDS ADJACENT AS DESCRIBED UNDER AUDITOR'S FILE NO. 856098.
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P60021
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):
SCOTT A. & KIMBERLY S. SKORUPA, 14329 SE 84TH CT, NEWCASTLE, WA. 98059
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: AUGUST 15, 2003
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$20,624.62, PLUS \$154.00 LIEN FEES, (TOTAL \$20,778.62), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.




For, PROMARK CONSTRUCTION, INC, Claimant
P.O. BOX 1843
STANWOOD, WA. 98292
(360) 387-1247
(Phone Number, Address, City/State of Claimant)

STATE OF WASHINGTON)
) ss
COUNTY OF SNOHOMISH)

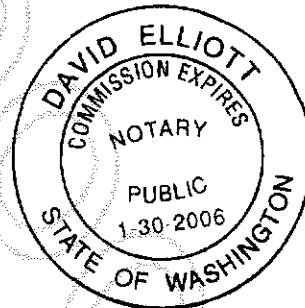
KARYN OQUIST, being sworn, says: I am the agent of the claimant (or attorney of the claimant, or administrator, representative, or agent for the trustee of an employee benefit plan) above named. I have read the foregoing claim, know the contents thereof, and believe the same to be true and correct and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


On this day personally appeared before me, KARYN OQUIST, to me known to be the individual, described above, and who further, under oath, stated that he/she had read the claim set forth above, and based upon information provided knew the contents thereof, and believed the same to be true and correct, and that the claim was made with reasonable cause and was not frivolous, and further acknowledged to me that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Subscribed and sworn to before me this 29 day of October, 2003


PRINTED NAME: DAVID ELLIOTT
NOTARY PUBLIC
in and for the State of Washington.
Residing in: EVERETT
My commission expires: 1/30/06

Order #101762, dated: 10/27/03



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