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Return Add	lress:	
NAT	tkins Trucking + Excavation Fre.	
	+ Harnden Loop	
<u>Can</u>	Mano Island WA 98282	
CLAI	M OF LIEN	
Indexing inform	nation 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):	
	(Owner): (1) Cascade Agserice (2)	Add'l. on pg
Grantee(s) (	(Claimants): (1) Watkins Trucking (2) ription (abbreviated): 40+5 3 +4 Skagi+ 6. Short Plat Add	Add'l. on pg
Legal Descr	ription (abbreviated): 40+5 3 +4 Stagi+ w. Short   later Add	1'l, legal is on pg
Assessor's I	Property Tax Parcel /Account # 330305-4-008-0400	
Wat	Kins Trucking Claimant	
V	Claimant	
$C_{AGA}$	νs. > \ \	
Casc	ade Ag Sorvice.	
Nam	e of person indebted to Claimant:	
Notic	e is hereby given that the person named below claims a lien pursuant to	chapter 60.04 RCW.
In suppo	ort of this lien the following information is submitted:	
1.	NAME OF LENGTAMANT, WOLLING TYLICKING & EXCOUNT	ion Inc
1.	NAME OF LIEN CLAIMANT: Watkins Trucking + Except telephone number: 360 387-838 SADDRESS: 2776 teacher	enloop
	Camano Island WA 98282	
2.	DATE ON WHICH THE CLAIMANT BEGAN TO PERFORM LABOR, PROVIDE PROFES	SIONAL SERVICES,
	SUPPLY MATERIAL OR EQUIPMENT OR THE DATE ON WHICH EMPLOYEE BENEFIT BECAME DUE: 0.4000, 25, 2003	CONTRIBUTIONS
	$C_{-}$ . $A \in S_{-}$	
3.	NAME OF PERSON INDEBTED TO THE CLAIMANT: OScade Hg	er vice +
4.	DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN & CLAIMED (street address,	legal description or other
	information that will reasonably describe the property) 13459 Hodge Valley	Ke
	MOUNT VEHIBIT WITH	
-	NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): Steel	i
5.	TAMOST VIET CICKLE LLL TELEPHONE NOWIDER:	CV 1-14
	ADDRESS: 15356 Produce, Lane, Mt. Vernan WF	48273
6.	THE LAST DATE ON WHICH LABOR WAS PERFORMED PROFESSIONAL SERVICES	WERE FURNISHED;
	CONTRIBUTIONS TO AN EMPLOYEE BENEFIT PLAN WERE DUE; OR MATERIAL, OF FURNISHED: (2+0) 30 2003	REQUIPMENT WAS
	I UNIVERSITION TO THE PROPERTY OF THE PROPERTY	<del></del>

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN	IS CLAIMED IS: #5257.33
8. IF THE CLAIMANT IS THE ASSIGNEE OF THI	IS CLAIM SO STATE HERE . N. A.
b. If The edition is the assigned of the	Watkins Trucking + Excavati
	Miller Jacker Fre.
	Claimant
	Don Watkins  Print or Type Name
	Print or Type Name 2176 Harnden Loop
	Camano Island WA 98282
	360 387 - 8385 Telephone Number
	10tophono Mandott
STATE OF WASHINGTON	
County of Snonomish ss.	
Don Watkins	, being sworn, says: I am the claimant (or attorney of the
laimant, or administrator, representative, or a	gent of the trustees of an employee benefit plan) above named; I
have read or heard the foregoing claim, read are	nd know the contents thereof, and believe the same to be true and us and is made with reasonable cause, and is not clearly excessive
inder penalty of perjury.	- 마른
	Suzanne k. Hall
Date this 8 47	bruary 2004
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
S. Wilsold C. L.	<b>)</b> , <del>-                               </del>
NOTAAL A	Print Name Suzannek. Hall
W Punic	Notary Public in and for the State of Washington
10 SEIO 10 SEIO	
تريخ کي. 29.03 من کي الان الان الان الان الان الان الان الا	My appointment expires: 8-29-07
WASH	
	TLED FOR RECORDING IN THE COUNTY WHERE THE
	ER THAN NINETY (90) DAYS AFTER THE CLAIMANT
ias ceased to fuknish labor, Pro	OFESSIONAL SERVICES, MATERIALS OR EQUIPMENT

OR THE LAST DATE ON WHICH EMPLOYEE BENEFIT CONTRIBUTIONS WERE DUE, IN ADDI-TION TO ANY NOTICE REQUIREMENTS THAT MAY BE PROVIDED BY LAW.

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