



200405240029
Skagit County Auditor

RETURN TO:

5/24/2004 Page 1 of 2 9:01AM

MASCO CONTRACTOR SERVICES CENTRAL INC.

FKA: GALE INDUSTRIES, INC., DBA: GALE CONTRACTOR SERVICES

4519 S. ORCHARD STREET

TACOMA, WA 98466-6621

MASCO CONTRACTOR SERVICES CENTRAL INC.

FKA: GALE INDUSTRIES, INC., DBA: GALE CONTRACTOR SERVICES

Claimant

VS.

**REFILE LIEN #200404150042
NO CONSIDERATION GIVEN FOR RELEASE
#200404260024**

CONSTRUCTION & RESTORATION SERVICES

CLAIM OF LIEN

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.

Name of Lien MASCO CONTR. SVCS CENTRAL

Name of Owner SUMMIT PARK BIBLE CHURCH
Or

1. Claimant: FKA: GALE IND., DBA: GALE CONT. SVC5. Reputed Owner: 12700 THOMPSON ROAD

Address: TACOMA, WA 98466-6621

Address: ANACORTES, WA 98221

Telephone #: (253) 472-2859 (866) 241-7235

Certified #: 7001 2510 0003 8003 2848

2. Date of which the claimant began to perform labor, provide professional services, supply or equipment or the date of which employee benefit contributions became due: JANUARY 23, 2004

3. Name of person indebted to the claimant: CONSTRUCTION & RESTORATION SERVICES

4. Description of the property against which a lien is claimed:

SEE ATTACHED LEGAL DESCRIPTION.

NE SW 4-34-2

TAX PARCEL #P 19815 (340204-3-024-0014)

**COMMONLY KNOWN AS: SUMMIT PARK BIBLE CHURCH
12700 THOMPSON ROAD
ANACORTES, WA 98221**

6. This 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 24, 2004

7. Principal amount for which the lien is claimed is: \$1,194.00 + \$200.00 LIEN FEE = \$1,394.00

8. If the claimant is the assignee of this claim so state here: NONE

State of Washington, County of

KING, ss.



JOY A. TANSEY, (PRESIDENT OF CONSTRUCTION CREDIT CORP, AGENT FOR CLAIMANT) being sworn, says: I am the claimant (or attorney of the claimant or administrator, representative, or agent of the claimant or 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.

Subscribed and sworn to before me this 21ST day of MAY 2004

Melanie P. Mekhavanong

Notary Public in and for the State of Washington, residing at: SEATTLE

My Commission Expires: OCTOBER 10, 2004



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