200407270085
Skagit County Auditor
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Return Address:
Dan Bangeer Construction Co.
4763 N. Golf Course Drive.
Blain, WA. 98230

# 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) John R Cox & Associates (2) _____ Add'l. on pg ___

Grantee(s) (Claimants): (1) DAN Bangeer Const. Co. (2) _____ Add'l. on pg ___

Legal Description (abbreviated): 5701 Sugarloaf St Add'l. legal is on page ___

Assessor's Property Tax Parcel /Account # P59096

DAN Bangeer Construction Co.
Claimant

vs.

John R. Cox & Associates
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: DAN Bangeer Construction Co.
TELEPHONE NUMBER: 360 392 8964 ADDRESS: 4763 N. Golf Course Dr
Blaine WA. 98230

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: May 16 2004

3. NAME OF PERSON INDEBTED TO THE CLAIMANT: John R. Cox & Associates

4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED (street address, legal description or other information that will reasonably describe the property): 5701 Sugarloaf St.
Anacortes WA. 9822 Assessors Parcel No P59096

5. NAME OF THE OWNER OR REPUTED OWNER (If not known state "unknown"): John R Cox & Associates
TELEPHONE NUMBER: _____ ADDRESS: PO Box 456
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: JUNE 15, 2004

7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED IS: $ 8156.58

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

Gene L Kelly
Claimant GENE L. Kelly Gen Mgr
Print or Type Name 4763 N. Golf Course Dr
Address Blaine WA. 98230
360 392-8964
Telephone Number

STATE OF WASHINGTON }
County of Whatcom } SS.

Gene L. Kelly, 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.

Gene L. Kelly

Signed and sworn to before me on this 27th day of July 2004

LINDA A. MOONEY NOTARY PUBLIC COMMISSION EXPIRES JANUARY 7, 2005 STATE OF WASHINGTON

Linda A. Mooney

Print Name LINDA A. MOONEY
Notary Public in and for the State of Washington
My appointment expires: 1-7-05

**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.**

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