



200408040092

Skagit County Auditor

8/4/2004 Page 1 of 2 3:26PM

AFTER RECORDING RETURN TO:

NORTHWEST LIEN SERVICE, INC.  
24447 234<sup>TH</sup> WAY SE  
MAPLE VALLEY, WA. 98038

### CLAIM OF LIEN

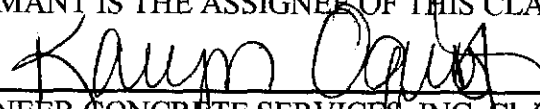
PIONEER CONCRETE SERVICES, INC  
Claimant.

VS

JOHN R. COX & ASSOCIATES  
(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: PIONEER CONCRETE SERVICES, INC  
TELEPHONE NUMBER: (425) 501-3647  
ADDRESS: 3405 172ND ST NE, #5-152, ARLINGTON, WA. 98223
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 13, 2004
3. NAME OF PERSON INDEBTED TO THE CLAIMANT: JOHN R. COX & ASSOCIATES, P.O. BOX 456, ANACORTES, WA. 98221
4. DESCRIPTION OF THE PROPERTY AGAINST WHICH A LIEN IS CLAIMED:  
ADDRESS: 5701 SUGARLOAF DR, ANACORTES, WA.  
LEGAL DESCRIPTION: LOT 49, SKYLINE NO. 2, RECORDS OF SKAGIT COUNTY, WASHINGTON.  
SKAGIT COUNTY ASSESSOR'S TAX PARCEL NO. P59096
5. NAME OF OWNER OR REPUTED OWNER (if not known state "unknown"):  
JOHN R. COX & ASSOCIATES, P.O. 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 13, 2004
7. PRINCIPAL AMOUNT FOR WHICH THE LIEN IS CLAIMED: \$431.60, PLUS \$214.00 LIEN FEES, (TOTAL \$645.60), PLUS INTEREST.
8. IF THE CLAIMANT IS THE ASSIGNEE OF THIS CLAIM SO STATE HERE: N/A.

  
For, PIONEER CONCRETE SERVICES, INC, Claimant  
3405 172ND ST NE, #5-152  
ARLINGTON, WA. 98223  
(425) 501-3647  
(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.

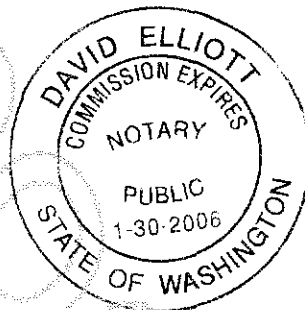
Karyn Oquist

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 3 day of August, 2004

David Elliott

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



Order #04-072808-N, dated: 7/28/04



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