



200411190108

Skagit County Auditor

RETURN TO:

11/19/2004 Page 1 of 2 2:49PM

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.

JOHN R. COX & ASSOCIATES

Name of person indebted to claimant:

CLAIM OF LIEN

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 PHILLIP D. & CYNTHIA SNYDER
Or

1. Claimant: FKA : GALE IND., DBA: GALE CONT. SVCS. 5. Reputed Owner: 1928 FROSTBURG CR.

Address: TACOMA, WA 98466-6621

Address: CLAREMONT, CA 91711

Telephone #: (866) 241-7235, (253) 472-2859 Certified #: 7000 1670 0003 9056 2507

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: AUGUST 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:

LOT 7, CHEUNG-MAVAR'S SKYLINE 21, ACCORDING TO THE RECORDS OF SKAGIT COUNTY, STATE OF WASHINGTON.

TAX PARCEL #P83307

COMMONLY KNOWN AS: 5003 CROATION WAY
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:

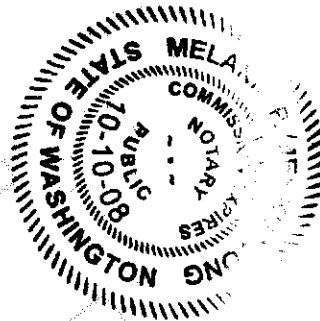
AUGUST 16, 2004

7. Principal amount for which the lien is claimed is: \$1,758.77 + \$200.00 LIEN FEE = \$1,958.77

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.

[Handwritten Signature]

JOY A. TANSEY, PRESIDENT, AGENT FOR MASCO CONT. SVCS. CENTRAL INC. PKA: GALE IND., DBA: GALE CONT. SVCS. 4519 S. ORCHARD ST., TACOMA, WA 98466 (866) 241-7235, (253) 472-2859

Subscribed and sworn to before me this 15TH day of NOVEMBER 2004

[Handwritten Signature]

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

Mv Commission Expires: OCTOBER 10. 2008



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